



BODY ART TEMPORARY EVENT PERMIT APPLICATION CHECKLIST

Event sponsor must complete and send all of the following to SFDPH for application to be considered as "COMPLETE". Incomplete applications will not be processed and returned to the sponsor.

1. ☐ **Application for a Special Event Permit**
2. ☐ **Application for Practitioner Registration**
(For Practitioners without current and valid registration issued by a local enforcement agency in any other jurisdiction within California; see checklist below for Practitioner application)
3. ☐ **Copy of current Body Art Practitioner License; current Driver's License; and current Blood Borne Pathogen Training Certificate** *(all practitioners)*
4. ☐ **Tattoo Consent Form**
5. ☐ **Tattoo After Care Instructions**
6. ☐ **Infection Control Prevention Plan (IPCP)**
7. ☐ **Floor Plan or layout of the event and/or booth(s)**
8. ☐ **A Check or money order for Temporary Event Application Fees** *(Sponsor, Booth, practitioner application fees)*

BODY ART PRACTITIONER APPLICATION FOR REGISTRATION CARD

1. ☐ **Application for Registration Card** *(application enclosed)*
2. ☐ **A check or money order for each application.**
3. ☐ **Current Driver's License or Photo ID**
4. ☐ **Current Blood Borne Pathogen Training Certificate**
(Must meet Cal OSHA requirement of not less than 2 hours of instruction).
5. ☐ **Hepatitis B Vaccination Certificate or completed Declination Form**



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

London N. Breed, Mayor
Grant Colfax, MD, Director of Health

Patrick Fosdahl, MS, REHS
Director of Environmental Health

SPECIAL EVENT VENDOR APPLICATION
TO OPERATE TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS BOOTH

This application is to be completed by each event sponsor/vendor. The coordinator shall collect all individual applications and submit them as a packet at 30 days prior to the event. The San Francisco Tattooing, Body Piercing, and Permanent Cosmetics Ordinance requires persons or businesses that are engaged in the practice of tattooing, body piercing or permanent cosmetics to have an information document on-site and on-file with the Department of Public Health. An application will not be accepted until all applicable forms are completed and returned with the appropriate fees.

1. SPECIAL EVENT VENDOR & EVENT INFORMATION

Vendor Business Name:			Name of Event/Sponsor:	
Address:			Location of Event:	
City:	State:	Zip Code:	Dates of Event:	Hours of Operation:
Responsible Person Off-Site:		Title:	Phone Number:	E-Mail
Responsible Person On-Site:		Title:	Phone Number:	E-Mail
Alternate Responsible Person On-Site:		Title:	Phone Number:	E-Mail
Number of Booths: <input type="checkbox"/> Indoor = <input type="checkbox"/> Outdoor = <input type="checkbox"/> Other =			Types of Services To Be Provided: <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Other	

2. TEMPORARY EVENT FEES (MAKE CHECK PAYABLE TO SFDPH)

Fee Type	Application Fee
Special Event Sponsor	\$399.00
Demonstration booth	\$173.00
Temporary event Practitioner Application (<i>per Practitioner</i>)	\$133.00

3. STERILIZATION AND SANITIZING EQUIPMENT (Complete if using an autoclave)

Treatment Method	No. of Units	Locations
Steam Sterilization <input type="checkbox"/>		
Alternative Treatment <input type="checkbox"/>		
Backup Treatment: Describe how your contaminated waste (needles and bloody items) will be handled if your primary treatment method fails. Provide the name, address and phone numbers of any transporter or treatment facility.		

4. HAND WASHING FACILITIES

Plumbed sink <input type="checkbox"/>	Or gravity flow station <input type="checkbox"/>
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TATTOOING, BODY PIERCING AND PERMANENT COSMETICS
APPLICATION FOR TEMPORARY EVENT
Page 2 of 2 EXPOSURE CONTROL PLAN

5. EXPOSURE CONTROL PLAN

Attach your Exposure Control Plan. This plan is a written document that outlines protective measures the employer will take to minimize or eliminate employee exposure to blood borne pathogens or other possible infectious materials.

6. EXPERIENCE AND TRAINING

Briefly describe your experience, training and qualifications (include date and locations):

I am the person responsible for the implementation, administration and operation of the activities required to meet the standards of the Tattooing, Body Piercing and Permanent Cosmetics Ordinance, including reporting of information for this application. I declare under penalty of perjury the information on the application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Tattooing, Body Piercing and Permanent Cosmetics and incidental to the issuance of any exemption, Registration or Permit and operation of this business. I understand that submittal of incorrect information may result in penalties and a site investigation fee.

Print Name	Signature	Date
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PROVIDE THE FOLLOWING:

Filing Fee	Driver's License for each Artist & Sponsor/Vendor	Hepatitis B Declination Form or Hep B series	Current Bloodborne Pathogen Certification for each Practitioner	Copy of Exposure Control Plan
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INSPECTOR'S REPORT:

To the Director of Public Health, after having made a careful review of the above case on _____ (Date)

☐ I RECOMMEND the issuance of a Temporary Event Permit:

☐ I DISAPPROVE the issuance of a Temporary Event Permit:

Principal Inspector

Inspector



BODY ART TEMPORARY EVENT PERMIT APPLICATION PRACTITIONER LIST

EVENT NAME: _____ Date of Application: _____

PRACTITIONER NAME	REG. NO.	DISCIPLINE	STATUS
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee



Bloodborne Pathogen (BBP) Training Courses*

BloodBorne Pathogen (BBP) training which meets Cal/OSHA's Bloodborne Pathogens Standard 8 CCR 5193 is required for persons who may be exposed to BBP while performing their routine work functions. This includes, but not limited to: tattoo artists, permanent cosmetics professionals, and body piercers. Additionally, Cal/OSHA and The Safe Body Art Act (AB 300) requires that the training and training material must be specific to performing body art. **BBP training contact time must meet a minimum of 2 hours.** Training must be renewed annually. Records must be kept for a minimum of 3 years. Should a class be taken that does not meet these requirements, SFDPH will require that another training class be taken following the same requirements.

Above Training, Inc.

California Bloodborne Pathogens Training for Body Arts
(801) 494-1416
www.abovetraining.com/bbp.php

Biologix Solutions LLC

Online: Bloodborne Pathogens for California Body Art
(816) 242-0045
<https://blxtraining.com/tattoopiercing-bbp/>

Body Art Training Group

(858) 792-1630
<https://www.yourtrainingplace.com/courses>

Pro Training: Bloodborne Pathogens

(818) 406-7487
https://www.protrainings.com/en/courses/274-california-compliant-bloodborne-for-body-art?topic_id=2

Industry Specific BBP Training

Lee A. Ballesteros
804 West 3rd Street
Antioch, CA 94509
(925) 778-9069
contactLeeB@gmail.com

Health and Safety Classes

OSHA Authorized
Instructor: Maria Kian
(916) 996-3435
<http://healthandsafetyclasses.com/>

BloodBorne Pathogen Prevention Training

Institute of America
(805) 458-7809
<http://www.bbptraining.com/>

Cathy Montie's Body Art Training Company

(619) 303-5893
<http://www.cathymontie.com/classes-bbp-usa.php>

Eduwhere Bloodborne Pathogen Training

(866) 523-9108
<http://www.eduwhere.com/courses.php>

Society of Permanent Cosmetics Professional

(847) 635-1330
<https://www.spcp.org/>

Alliance of Professional Tattooists, Inc.

(520) 514-5549
<http://www.safe-tattoos.com/>

Association of Professional Piercers Online

https://www.safepiercing.org/online_courses.php

**Please be advised that inclusion on this list is in no way to be considered an endorsement of the training provided. The providers on this list are not affiliated with the City and the City does not endorse one of provider over the others.*

Body Art Facility Infection Prevention And Control Plan Guideline

In accordance with the California Health and Safety Code, Section 119313, a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying procedures to achieve compliance with the Safe Body Art Act. A Copy of the Infection Prevention and Control Plan shall be filed with the Local Enforcement Agency and a copy maintained in the body art facility.

The body art facility owner shall provide onsite training on the facility's Infection Prevention and Control Plan to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures.

Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility, but not less than once each year. Records of training shall be maintained on-site for three years.

The Infection Prevention and Control Plan shall be maintained current and updated whenever there are changes to any of the procedures or tasks listed and when new technology is adopted for use in the facility.

Name of Body Art Facility:

Site Address:

City, State, ZIP:

Type of Body Art Facility:

Contact Person:

Telephone:

Body Art Facility Infection Prevention And Control Plan Guideline

A. Decontamination and Disinfection: Describe the procedures for decontaminating and disinfecting of workstation and surfaces (California Health and Safety Code 119308 (b) and 119309 (a)(b)(c)(d)(e)).

1. Workstation surfaces/counter tops:

2. Workstation chairs/stools:

3. Trays:

4. Armrests:

5. Headrests:

6. Procedure area:

7. Tables:

Body Art Facility Infection Prevention And Control Plan Guideline

8. Tattoo machine and Clip Cord:

9. Reusable instruments, calipers, needle tubes, etc. portable light fixtures or other:

10. Permanent Cosmetic Machine:

B. Reusable Instruments or Disposable: Describe the procedures used for decontaminating, sterilizing, packaging and storing of reusable instruments. Include the procedures for labeling of sterilized peel-pack. Indicate whether the body art facility uses all pre-sterilized, single-use and disposable instruments. Describe the record keeping logs and procedure logs maintained on-site when using 100% pre-sterilized, single-use and disposable instruments (California Health and Safety Code 119309 and 119315).

1. Needle tubes:

2. Calipers:

3. Other instruments:

Body Art Facility Infection Prevention And Control Plan Guideline

- C. Storage:** Describe the storage location and equipment used for the storage of clean and sterilized instrument peel packs to protect the packages from exposure to dust and moisture (California Health and Safety Code 119315 (c)).

- D. Set Up and Tear Down of Workstation:** Describe the procedure for setting up and tearing down the workstation for the following procedures (California Health and Safety Code 119308, 119309 (c), 119311, and 119313 (b)(4)).

1. Tattoo:

2. Piercing:

3. Permanent Cosmetics:

4. Branding:

- E. Prevention of Cross Contamination:** Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure sites and additional areas of potential contamination during body art procedures. Include barriers provided to prevent cross contamination. Describe how procedure sites are prepared for a body art procedures. (California health and Safety Code 119308, 119309, and 119311 (c)(d)(e)(f)).

Body Art Facility Infection Prevention And Control Plan Guideline

E. Prevention of Cross Contamination (Continued):

F. Sharps Containers: Describe the procedures used for the safe handling of sharps and indicate the location of the in-use sharps containers. Indicate disposal frequency for sharps waste (California Health and Safety Code 119314 (e)).

G. Sharps Disposal: Describe the disposal of sharps used during a body art procedure (California Health and Safety Code 119308 (b)(3) and 119311 (g)).

1. Needles and needle bars:

2. Razors:

3. Other sharps or single-use marking pens used on open skin:

H. List the Medical Waste Hauler, Mail-back System or Alternative Treatment Technology used for the disposal of sharps containers (California Health and Safety Code 119314 (e)):

Medical Waste Hauler: _____

Street Address: _____

City, State, ZIP: _____

Body Art Facility Infection Prevention And Control Plan Guideline

- I. Sterilization of Jewelry:** Describe the procedure used for the sterilization of jewelry prior to placing into newly pierced skin (California Health and Safety Code 119310 (a) and 119315).

- J. Sterilization room:** Describe the procedure used for decontaminating instruments prior to placing them into the autoclave. Indicate whether instruments are manually washed or machine washed, such as with an Ultrasonic machine. Describe the material used for soaking dirty instruments in the machine, such as Tergazyme (California Health and Safety Code 119309 (b)(e)(g). 119314 (c), and 119315 (b)).

- K. Disinfection Products:** List the disinfectant products used at the body art facility (California Health and Safety Code 119301 (k) and 119308 (b)(6)).

- L. Time and Temperature:** List the temperature of the autoclave and duration of time at that temperature required for the sterilization of clean instruments. Indicate where the sterilization log is maintained on-site. Indicate whether each sterilization load is tested using Class 5 integrators (California health and Safety Code 119315 (b)(3)(5)).

Time: _____

Temperature: _____

Psi: _____

- M. Personal Protective Equipment:** List the personal protective equipment used during a body art procedure for the practitioner and the client (California Health and Safety Code 119308 (a) and 119309 (j)).

- N. Handwashing Sink:** List the locations of the handwash sinks and describe the items supplied at each sink (California Health and Safety Code 119314 (b)(3)).

Body Art Facility Infection Prevention And Control Plan Guideline

- O. Aftercare Procedure:** Describe the written recommendation and care information provided to the client after a body art procedure. List the type of bandages or wrapping provided after a body art procedure (California Health and Safety Code 119309 (a)(b)(c)).

- P. Procedure for an Accidental Spill:** Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps (California Health and Safety Code 119309 (a)(b)(c)).

- Q. Trash Receptacles and Disposal of Contaminated Trash:** List the type of trash receptacles used and their location throughout the body art facility. Describe the procedure for the disposal of contaminated items, such as gloves (California Health and Safety Code 119311 (a) and 119314 (d)).

- R. Negative/Failed Spore Test:** Describe the procedure conducted when a monthly spore test has failed. Indicate where the facility maintains a spore test log on-site (California Health and Safety Code 119315 (b)(2)(4)).

- S. Commercial Ink or Pigment Manufacturers:** List the manufacturer(s) for the inks or pigments used at the facility. Describe the procedure for dilution of inks. Only sterile water should be used for dilution of inks or pigments (California Health and Safety Code 119311 (b)(c)(d)(e)).

Body Art Facility Infection Prevention And Control Plan Guideline

- T. Permanent Cosmetic Machine Name and Manufacturer:** Provide the model name and number for the permanent cosmetic machine(s) used (California Health and Safety Code 119311 (i)(j)).

- U. Service Animals:** Describe the facility's policy regarding service animal presence in procedure, decontamination, and sterilization areas (California Health and Safety Code 119314 (f)).

Maintain a copy of this completed document in your files. Submit one copy to the Local Enforcement Agency.

I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization procedures have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.

Signature: _____ Date: _____

Title: _____

Sterilization Procedures

When a body art facility is equipped with a decontamination and sterilization room and will be sterilizing reusable instruments and body art jewelry, the following sterilization procedures must be followed:

1. Clean instruments to be sterilized shall first be sealed in peel-packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled
2. Sterilizers shall be loaded, operated, decontaminated and maintained according to manufacturer' directions, and shall meet all of the following standards:
 - Only equipment manufactured for the sterilization of medical instruments shall be used.
 - Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.
 - Each sterilization load shall be monitored with mechanical indicators for time, temperature, pressure, and at a minimum, class V integrators. The Class V integrator gives an immediate response on whether the sterilization has been achieved. Each individual sterilization pack shall have an indicator.
 - Biological indicator monitoring test results shall be recorded in a log that shall be kept on site for two years after the date of the results.
 - A written log of each sterilization cycle shall be retained on site for two years and shall include all of the following information:
 - The date of the load.
 - A list of the contents of the load.
 - The exposure time and temperature.
 - The results of the Class V integrator.
 - For cycles where the results of the biological indicator monitoring test are positive, indicate how the items were cleaned, and proof of a negative test before reuse.
3. Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture. Use clean gloves to handle sterilized packages to prevent cross contamination of the sterilized item when the package is opened for use.
4. Sterilized instruments shall be store in the intact peel-packs or in the sterilization equipment cartridge until time of use.
5. Sterile instrument packs shall be evaluated at the time of storage and before use. If the integrity of a pack is compromised, including, but not limited to, cases where the pack is torn, punctured, wet or displaying any evidence of moisture contamination, the pack shall be discarded or reprocessed before use.

Sterilization Procedures

6. A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 of the California Health and Safety Code or that does not have sterilization equipment shall use only purchased disposable, single-use, pre-sterilized instruments. In place of the requirements for maintaining sterilization records, the following records shall be kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, pre-sterilized instruments:
- A record of purchase and use of all single-use instruments.
 - A log of all procedure, including the names of the practitioner and client and the date of the procedure.

Operating Conditions for Autoclave

Cleaning: Remove all material on the instruments during the cleaning process to ensure that the sterilization process is achieved. The cleaning process can be a manual cleaning or by use of an ultrasonic machine.

Packaging: Package the instruments with hinges in the open position to ensure that the ridges and crevices of the instruments are sterilized.

Loading: Load the autoclave with the packages upright on their sides. Peel packs should be on edge with the plastic side next to a paper side to allow for steam penetration. Do not overload the autoclave to allow proper flow of the steam to achieve sterilization.

Steam Sterilization: Temperature should be 121° C or 250° F; pressure should be 106kPa (15lbs/in²); 30 minutes for packaged items. At a higher temperature of 132° C or 279° F, pressure should be 30 lbs/in²; 15 minutes for packaged items.

Allow all items to dry before removing them from the autoclave. Use clean gloves to handle packaged items.

Pressure settings (kPa or lbs/in²) may vary slightly depending on the autoclave used. Follow manufacturer's recommendations for your autoclave.

Exposure time begins only after the autoclave has reached the target temperature.

Source: *Adopted from Principles and Methods of Sterilization in Health Sciences. JJ Perkins. 1983*

Sterilization Log

Date	Load #	Contents	Operator	Time	Temp	Psi	Temp indicator Results	Attach Integrator	Spore Test Results	Action Taken due to Failed Results



TATTOO, BODY PIERCING, AND PERMANENT COSMETICS LICENSURE REQUIREMENTS

Pursuant to the San Francisco Health Code, Article 40, Section 4005 and the California Health and Safety Code, Div. 104, Part 15, Chapter 17, Section 119306 of the Safe Body Art Act, no person shall employ or perform any body art, such as body piercing, tattooing, branding, or the application of permanent cosmetics until such a person is registered with the Department of Public Health.

BODY ART PRACTITIONER APPLICATION FOR REGISTRATION CARD - TEMPORARY EVENT

An applicant must complete and send all of the following to SFDPH for application to be considered as “COMPLETE”. Incomplete applications will not be processed and returned to sender.

1. ☐ Application for Registration Card
2. ☐ A check or money order payable to SFDPH
(see current fee schedule for practitioner application)
3. ☐ Driver's License or Photo ID
4. ☐ Current Blood Borne Pathogen Training Certificate
(must meet Cal OSHA requirement of not less than 2 hours of instruction).
5. ☐ Hepatitis B Vaccination Certificate or completed Declination Form

Attn: Body Art Program
SFDPH – Environmental Health Branch
49 South Van Ness Avenue, Suite 600,
San Francisco, CA 94103

TATTOO & BODY ARTS PROGRAM
49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103
Phone 415-252-3800 | Fax 415-252-3842



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH BRANCH

TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS

**APPLICATION FOR
REGISTRATION CARD**

The San Francisco Tattooing, Body Piercing, Permanent Cosmetics Ordinance requires persons or businesses that are engaged in the practice of tattooing, body piercing or permanent cosmetics to have an information document on-site and on-file with the Department of Public Health. An application will not be accepted until all applicable forms are completed and returned with the appropriate fee.

1. GENERAL PRACTITIONER INFORMATION

FULL LEGAL NAME (List alias in parenthesis if applicable)		HOME OR CELLPHONE NUMBER		EMAIL ADDRESS
HOME ADDRESS (Is this your mailing address? Yes No)		CITY	STATE	ZIP CODE
TYPE OF SERVICE PROVIDED: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Apprentice				
LIST ALL ESTABLISHMENTS WHERE YOU CURRENTLY OR INTEND TO ENGAGE IN THE PRACTICE OF TATTOOING, BODY PIERCING OR THE APPLICATION OF PERMANENT COSMETICS.				
FACILITY NAME	STREET ADDRESS (Is this your mailing address) Yes No		BUSINESS PHONE NUMBER	
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	
FACILITY NAME	STREET ADDRESS		BUSINESS PHONE NUMBER	

2. HEPATITIS B VACCINATION AND EXPOSURE CONTROL TRAINING

STATE LAW REQUIRES THAT EACH PRACTITIONER RECEIVE HEPATITIS B VACCINATION OR FILE A CERTIFICATE OF DECLINATION OF HEPATITIS B VACCINATION WITH THE FACILITY OWNER/OPERATOR AND THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH.									
Have you received a Hepatitis B (HBV) vaccination? Do you have documentation? Documentation is either a certificate of completion of vaccination or laboratory Evidence. Please provide a copy of the documentation. If you have not received a HBV vaccination, have you supplied the facility owner/operator with certification of HBV declination?	<table border="1"><thead><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Have you received exposure control training (infection control/blood-borne pathogens)? If so, where and when?	<table border="1"><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>								

EHS Office Use Only

District	Census Tract	PE	Tax Account #	Employee #	Cert Type	Certificate #
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**TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS
APPLICATION FOR REGISTRATION CARD**

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3. EXPERIENCE AND TRAINING

BRIEFLY DESCRIBE YOUR EXPERIENCE, TRAINING AND QUALIFICATIONS (Include dates and locations):

I am the person responsible for the implementation, administration and operation of the activities required to meet the requirements of the Tattooing, Body Piercing and Permanent Cosmetics Ordinance, including reporting of information for this application. I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Tattooing, Body Piercing and Permanent Cosmetics and incidental to the issuance of any exemption, Registration or Permit, and operation of this business. I understand that submittal of incorrect information may result in penalties and a site investigation fee.

PRINT NAME	SIGNATURE	DATE
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FOR OFFICE USE ONLY

Special Notes _____

Filing Fee _____

Out of Business
Notification _____

INSPECTOR'S REPORT

To the Director of Public Health –

After having made a careful review of the above case on _____, 2 _____

I RECOMMEND the issuance of a New Registration Card ☐

I DISAPPROVE the issuance of a New Registration Card ☐ for the following reasons:

PRINCIPAL INSPECTOR

INSPECTOR



Hepatitis B Vaccine Declination Form

Appendix A to Section 1910.1030 --- Hepatitis B Vaccine Declination (Mandatory) (HIPAA Protected)

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM) I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Applicant:

Date: _____

Printed Name: _____

Signature: _____

Employer:

Date: _____

Printed Name: _____

Signature: _____