



BODY ART ESTABLISHMENT PERMIT APPLICATION CHECKLIST

Application fee is NON-REFUNDABLE. Applicants must complete and send all of the following to SFPDH for application to be considered as “COMPLETE”. Incomplete applications will not be processed and returned to sender.

1. Application for a Permanent Body Art Establishment Permit
2. A check or money order payable to SFPDH (*see current fee schedule for establishment*).
3. Zoning Referral Form
4. Fire Referral Form
5. Declaration of Health and Safe Working Conditions
6. Completed APPLICATION FOR REGISTRATION CARD (*ALL NON-REGISTERED PRACTITIONERS*) OR copy of all current San Francisco Body Art Practitioners' License
7. Tattoo Consent Form
8. Tattoo After Care Instructions
9. Infection Control Prevention Plan (IPCP)
10. Floor Plan or layout for existing tattoo establishments
 - For new establishment, you will need to take 2 sets of floor plans and pull an application for building permit at Department of Building Inspections, located at 49 South Van Ness Avenue.
11. Copy of Business Registration Certificate

Rev. 9.2.2022



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH BRANCH
 49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103
 http://www.sfdph.org/dph/eh
 Phone: (415) 252-3800 Fax: (415) 252-3894

OFFICIAL USE ONLY

Filing Fee	_____
Fire Department Referral	_____
Zoning Referral	_____
DBI Referral	_____
Worker's Comp	_____
Location ID	_____

PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Date of Application: _____

New Plan New Ownership Update Status

TYPE OF SERVICE:

Tattoo Body Piercing Permanent Cosmetic Branding

TYPE OF PERMIT

Body Art

Sole Owner Partnership Corporation LLC

Business Name _____ Business Phone _____

Business Address _____

Mailing Address _____ Main Contact _____

Permit to be issued in Name(s): Specify Business Name, Business Owner or Principal Officers. (Print)

Owner Name _____ Cell Phone _____

Owner Address _____ Zip Code _____

Owner Email _____

Billing Address: _____ Zip Code _____

Are you a facility owner and practitioner? Yes No

Are you registered as a practitioner in San Francisco? Yes No

IF YES, provide your practitioner registration number here: _____

SIGNATURE(S) OF APPLICANT(S)

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and San Francisco Health Code Article 40. I agree to maintain a current Infection Prevention and Control Plan and a facility that meets or exceeds all requirements.

X _____ X _____ X _____ Date _____

*If partnership, all partners must sign. If corporation, authorized Officer must sign.

Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on _____, 20 ____

I **recommend** the issuance of a New Permit to operate

I **disapprove** the issuance of a New Permit to operate for the following reasons:

X _____

X _____

Inspector

Principal Inspector

District #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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OWNER



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Addendum to Application for Permit to Operate – Page 1

BUSINESS NAME: _____ Date of Application: _____

1. SERVICE PROVIDED

- TATTOOING- means to insert pigment under the surface of the skin of a human being, pricking with a needle or otherwise, to produce an indent mark or figure visible through the skin.
- BODY PIERCING – means the creation of an opening in the body of a human being for the purpose of inserting jewelry or decoration. This term includes, but not limited to, piercing of an ear, lip, tongue, nose, or eyebrow. “Body piercing” does not include the piercing an ear, except for the tragus, with a disposable, single-use, pre-sterilized stud and clasp or solid needle that is applied using a mechanical device to force needle or stud through the ear.
- PERMANENT COSMETICS – means the application of pigments to or under the skin of a human being for the purpose of permanently changing the color or other appearance of the skin. This includes, but not limited to, permanent eyeliner, eye shadow, or lip color.
- BRANDING – means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

2. STERILIZATION AND SANITIZING EQUIPMENT (complete if using an autoclave)

TREATMENT METHOD	No. of units	Locations
<input type="checkbox"/> Steam Sterilization	_____	_____
<input type="checkbox"/> Alternative Treatment	_____	_____

BACKUP TREATMENT : Describe how your contaminated waste (needle and bloody items) will be handled if your primary treatment method fails.

TRANSPORTER: Provide the name, address and phone number of any transporter or treatment facility.

3. DISPOSAL METHOD (complete this section regarding contaminated waste disposal)

Describe how needles, razors and other contaminated item(s) will be managed and disposed:



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Addendum to Application for Permit to Operate – Page 2

BUSINESS NAME: _____ Date of Application: _____

4. HAND WASHING FACILITIES

Indicate number of sinks and where sinks are located (e.g. each work station, centrally located, etc.)

Number of sinks _____ Locations _____

5. EXPOSURE CONTROL PLAN:

Attach your Exposure Control Plan or describe in the box below. 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 possibly infectious materials.

DBA _____

Address: _____

Print Name: _____

Sign: _____ Date: _____

Additional Required Attachments:

- FLOOR PLAN:** Attach a copy of your Floor Plan in which the work stations, hand sinks, cleaning room, bathroom, employee lounge, and customer waiting areas.
- ATTACH BLOOD BORNE PATHOGEN CERTIFICATE FOR ALL BODY ART PRACTITIONERS.**
- FEE.** MAKE CHECKS PAYABLE TO SFDPH (San Francisco Department of Public Health)



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Page 2 -- PRACTITIONER LIST

(must have current blood borne pathogen BBP 2 hours minimum training)

BUSINESS NAME: _____ Date of Application: _____

The facility owner must keep an updated list of practitioners and notify DPH of status changes within 30 days. Attach additional sheets if necessary.

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

BloodBorne Pathogen Prevention Training

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

Biologix Solutions LLC

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

Cathy Montie's Body Art Training Company

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

Body Art Training Group

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

Eduwhere Bloodborne Pathogen Training

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

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

Society of Permanent Cosmetics Professional

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

Health and Safety Classes

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

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.*

HEALTH DEPARTMENT USE ONLY

Date Application Filed:		Health District:	3 4 5 Message OTHER
Date to Zoning:		Inspector:	Phone
Date from Zoning:		Supervisor's Initials:	Date:



Please submit to:
 CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH
 49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103 - (415) 252-3800

Zoning Referral for Health Permit

1. Business Information

BUSINESS STREET ADDRESS:		
NAME OF BUSINESS:		
TOTAL SQUARE FOOTAGE OF AREA (includes storage and bathroom areas):	OUTDOOR SEATING AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTDOOR FOOD/DRINK SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT FLOOR OF THE BUILDING WILL THE BUSINESS OCCUPY? <input type="checkbox"/> Ground (First) Level <input type="checkbox"/> Second Level <input type="checkbox"/> Third Level <input type="checkbox"/> Other Level: _____		
1a. Change of Use (depending of the zoning of the property, neighborhood notification may be required): If yes, what is the existing use? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Change of business ownership? If not a change of ownership, then is it a new establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
1c. Is the establishment vacant? If yes, how long was the establishment vacant? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
1d. Do you propose to alter the interior or exterior of the establishment? If yes, what is the Building Permit Application Number? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
1e. Is the business a Formula Retail Chain or Franchise with 11 or more locations within the U.S.? If yes, a Formula Retail Affidavit is required . (Formula Retail - P.C. Sec. 301.1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
1f. Does this business sell alcoholic beverages? If yes, read page two for category restrictions.		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Type of Operation, please check:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Limited Restaurant
<input type="checkbox"/> Bar	<input type="checkbox"/> General / Specialty Grocery
<input type="checkbox"/> Catering	<input type="checkbox"/> Cottage Food Operator
<input type="checkbox"/> Massage (if applicable, please select your type of massage business below)	
<input type="checkbox"/> Chair/Foot Massage Only	<input type="checkbox"/> Sole Practitioner Establishment
<input type="checkbox"/> Within a gym, hotel, or hospital	
<input type="checkbox"/> Other: _____	

2a. Accessory Use (business within another business)? Yes No **If yes, plans are required.**

2b. Days / Hours of Operation: _____

3. Applicant's Affidavit

NAME:	
<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent	
MAILING ADDRESS: (STREET ADDRESS, CITY, STATE, ZIP)	
PHONE: ()	EMAIL:

1. I am the owner or authorized agent of the owner of this property.
2. The information presented on this application is true and correct to the best of my knowledge.
3. Additional information or applications may be required in order to render this application complete.

Applicant's Signature: _____ Date: _____

PLANNING DEPARTMENT USE ONLY

BLOCK / LOT:	ZONING:	RUD / SUD:	LCU / NCU:
ZONING REFERRAL NUMBER:	OFFICIAL SITE ADDRESS (if different):		
BPA NUMBER:	312 NOTICE COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No	PRELIMINARY SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CASE NO.:	MOTION NO.:	EFFECTIVE DATE:	CONDITIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:			
ADDITIONAL DOCUMENTS REQUIRED:			
<input type="checkbox"/> SITE PLAN	<input type="checkbox"/> MESSAGE DOCS	<input type="checkbox"/> OTHER: _____	

RECOMMENDATION:	Per Planning Code Section:
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
CONDITIONS OF APPROVAL:	
COMMENTS:	
AUTHORIZATION:	
Signature: _____	Date: _____
Printed Name: _____	Phone: () _____

Restaurant ^{790.91}: A retail eating and/or drinking use which serves prepared, ready-to-eat cooked foods to customers for consumption on or off the premises and which has seating. It may have a Take-Out Food^{790.122} as a minor and incidental use. It may provide on-site alcohol sales for drinking on the premises (ABC Types 41, 47, 49, 59, or 75); however, if it does it is required to operate as a Bona Fide Eating Place^{790.142}. It is not required to operate within an enclosed building per Section 703.2(b)(1) so long as it is also a Mobile Food Facility^{102.34}. Any outdoor seating and/or dining area is subject to regulation as an Outdoor Activity Area.

Limited Restaurant ^{790.90}: A retail eating and/or drinking use which serves ready-to-eat foods and/or drinks to customers for consumption on or off the premises, that may or may not have seating. It may provide off-site beer and/or wine sales for consumption off the premises with an ABC Type 20 license within the accessory use limits of Section 703.2(b)(1)(C)(vi).

Bar ^{790.22}: A retail use which provides on-site alcoholic beverage sales for drinking on the premises. ABC License Types include: 42, 48, or 61 (no minors permitted on premises) and 42 or 60 (minors permitted on premises).

General Grocery ^{790.102(a)}: A retail food establishment that offers a diverse variety of unrelated, non-complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption

Specialty Grocery ^{790.102(b)}: A retail food establishment that offers specialty food products, such as baked goods, pasta, cheese, confections, coffee, meat, seafood, produce, artisanal goods and other specialty food products, and may also offer additional complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption.

Other may include: Massage Establishment ^{790.60}, **Tobacco Paraphernalia Establishment** ^{790.123}, **Medical Cannabis Dispensary** ^{790.141}, **Service, Personal** ^{790.116}, **Take-out Food** ^{790.122}

For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line to www.sfplanning.org or contact the [Planning Information Center \(PIC\)](#) for more information:

Planning Information Center (PIC)

49 South Van Ness Avenue, 2nd Floor
 San Francisco, CA 94103
 TEL: 628-652-7300
 EMAIL: pic@sfgov.org



DPH Fire Marshal Referral

Fire Marshal
 Division of Fire Prevention & Investigation
 698 2nd Street, Room 109
 San Francisco, CA 94107

This section to be completed by Owner/Operator			
Location: _____	DBA: _____	Bus. Type: _____	
Change of ownership only and no change to previous operation:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Is the occupancy or number of seats greater than 49?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Do you have gas or open flame cooking equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Are you constructing a new facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Are you remodeling the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Are you operating now?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
If no, what date do you anticipate opening: _____			
Owner/Operator Name: _____		Owner Address: _____	
Business Phone: _____		Email: _____	
		Cell to Arrange Inspection: _____	

This section to be completed by Department of Public Health Staff			
Date: _____	Inspector: _____	DPH Receipt #: _____	
HD: _____	Phone: _____	Fax: _____	
Fire Marshal, the business named above warrants your timely inspection for fire clearance:			
<input type="checkbox"/> Fire clearance is required before approval and issuance of a new Health Permit for this type of facility.			
<input type="checkbox"/> This facility was observed to have questionable or hazardous conditions: _____			
<input type="checkbox"/> For informational purposes only (No response required). Fire Inspection Fees to be collected by SFFD.			

This section to be completed by SFFD Staff	
<input type="checkbox"/>	Approved Fire Safety
<input type="checkbox"/>	Disapproved Fire Safety: _____
<input type="checkbox"/>	Pending Clearance: _____
(Attach a copy of pending SFFD document or NOV)	
Date: _____	Inspector: _____ Phone _____



Declaration of Healthy and Safe Working Conditions
Declaración de Condiciones de Trabajo Sanas Y Seguras
健康及安全工作條件聲明
Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pampublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

Owner/Operator:	_____
DBA/Name of Business:	_____
Business Address:	_____ San Francisco, CA 941 _____

翻譯及你的簽署聲明在本頁後面。

¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.

Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.

1. I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business:	
<ul style="list-style-type: none">San Francisco Labor CodesCalifornia Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured)California Labor Code Division 2—Employment Regulation and SupervisionCalifornia Labor Code Division 5—Occupational Health and SafetyAll other federal, state, and local labor codes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
2. I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave., #600, San Francisco, CA 94103.	<input type="radio"/> Yes <input type="radio"/> No

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

Print Name _____ Signature _____ Date _____

I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

Print Name _____ Signature _____ Date _____

1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave., #600, SF, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有着或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名 簽名 日期

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

清楚寫上姓名 簽名 日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco Sí No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro) Sí No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo Sí No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional Sí No
- Todos los demás códigos laborales federales, estatales y locales Sí No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave., # 600, SF, CA 94103 Sí No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre Firma Fecha

Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.

Escribir Nombre Firma Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtitibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes Oo Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance. Oo Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa Oo Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho Oo Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa Oo Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave., # 600, SF, CA 94103 Oo Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan Lagda Petsa

Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsanguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.

Pangalan Lagda Petsa



Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations
Division of Labor Standards Enforcement
455 Golden Gate Ave., 10th fl.
San Francisco, CA 94102
(415) 703-5300 www.dir.ca.gov/dlse
- (Cal-OSHA)** Department of Industrial Relations
California Occupational Safety and Health Administration
121 Spear Street, Room 430
San Francisco, CA 94105
(415) 972-8670 www.dir.ca.gov/dosh
- ➔ **(EDD)** Employment Development Department
745 Franklin Street, #300
San Francisco, CA 94102
(800) 480-3287 www.edd.ca.gov
- (FEH)** Department of Fair Employment and Housing
2218 Kausen Dr., #100
Elk Grove, CA 95758
(800) 884-1684 www.dfeh.ca.gov
- (NLRB)** National Labor Relations Board
901 Market Street, #400
San Francisco, CA 94103
(415) 356-5130 www.nlr.gov
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA 94102
(415) 554-6271 www.sfgov.org/olse
- (WC)** Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Ave., 2nd fl.
San Francisco, CA 94102
(415) 703-5011 www.dir.ca.gov/dwc

Adopted from educational materials produced by the Labor Occupational Health Program of the University of California Berkeley and the California Department of Industrial Relations. Prepared by: Environmental Health Section of the San Francisco Department of Public Health, January 2010

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