



## **SOUTH CENTRAL HEALTH DISTRICT**

196 North Main St.  
Southington, CT 06489  
860.276.6275 | [schd-ct.org](http://schd-ct.org)

### **Tattoo Check List**

Provide the following information with your plan review application

- ☐ Proposed layout including the type, model and manufacturer specification sheets of proposed fixed equipment, flooring material and facilities
- ☐ Tattoo Technician Licenses
- ☐ Written procedure if tattooing individuals under the age of 18
- ☐ Informed consent waivers including (at minimum) the following items:
  - ☐ Nature of Procedure
  - ☐ Foreseeable risks
  - ☐ Description of equipment utilized in procedure
  - ☐ Sterilization techniques utilized
  - ☐ Explanation of tattoo removal
- ☐ Provide description of tattoo procedures (i.e.: skin prep, glove use, handwashing, etc.)
- ☐ Equipment records to include description of sterilization processes and biological monitoring. Maintenance and sanitation of operating equipment including repairs to autoclaves and ultrasonic devices
- ☐ Written protocol for needle stick incidents
- ☐ Written plan for disposal of regulated and infectious waste
- ☐ Description of what is kept for client records/length of time records maintained