INFECTION PREVENTION AND CONTROL PLAN

	F	ACILITY INFORMATION		
APPLICANT	Owner Name			
INFORMATION	Cell Phone	E-mail		
	Facility Name			
BUSINESS INFORMATION	Facility Address			
	City		State	Zip Code
	Facility Phone		l	1
CHECK ALL SER¹ ☐ Tattooing	VICES TO BE OFFERED: ☐ Body Piercing ☐ Perma	nent Cosmetics Bra	nding 🗆 Other Se	ervices:
assigned, anyti	that training shall be provided whe me there are changes in the proce an once per year. Records shall be i	dures or tasks, when new maintained on-site for th	technology is adoptoree years.	ed for use in the facility,
	I hereby certify that to the best of my kn	owledge and belief, the statement	ts made herein are correct an	nd true.
Owner Signatu	re:		Date:	
		SAFETY PROCEDURES		
The following p	procedures are followed at this bus	iness in order to control	the spread of infection	n:
	ures for cleaning and decontamina stools, trays, arm rests, headrests,			t limited to countertops,
Work surfaces	s and equipment are cleaned befor	e / after each procedure	by	

		is used fill out "Auto aged equipment is u		
erile equipmen	t is stored and prote	cted in the following	g manner	
3. Setup for a	any form of body art			
	any form of body art			
		•		
		•		

Teardown procedures are as f	follows	
realdown procedures are as i	Ollows	
C Ctons taken to provent	contamination of instruments or the procedure site during the performance of he	du art
3. Steps taken to prevent	contamination of instruments or the procedure site during the performance of bo	uy art.
Cross contamination is prever	nted by	
Cross contamination is preven	nted by	
Cross contamination is preven	nted by	
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Cross contamination is preven	nted by	

4. Teardown procedures following the completion of any form of body art.

Charms are disposed of	in the following way		
Sharps are disposed of	in the following way		
7. Sharps waste dis	posal services		
Medical Waste Hauler			
ivieuicai vvaste Haulei			
Street Address			
City	State	Zip	
0.01	State	'	

AUTOCLAVE USERS ONLY

decontaminating, packaging, sterilizing, and storing reusable instruments.
Name of company conducting monthly spore testing:
Describe the procedure conducted when a monthly spore test has failed.

4. Attach a sample of the sterilization log to be used at your facility.