



**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services



**Basic Requirements for a Commercial Body Art (CBA) Facility**

This plans review packet is to provide you with the information needed to apply for a registration for a Commercial Body Art (CBA) operation. The following can be printed from our website ([www.dhh.la.gov/fdu](http://www.dhh.la.gov/fdu))—they are attached for your convenience:

Please find the following attached to this document (**items in bold need to be submitted for review**):

1. **FD-1B-a: Plans Review Questionnaire For CBA Establishments**
  - Note that this document requests a **set of plans and specifications for the facility** and these should also be provided to your inspector for review.
2. If your facility is utilizing a private water supply, you must provide a recent **coliform test of the operations water** with a negative result. Information on where to get supplies and procedures for sample collection and drop-off points may be found here: <http://dhh.louisiana.gov/index.cfm/page/1325>. If your facility is utilizing a public water system as its source, provide a recent **copy of a water bill** from that system (with private information redacted).
3. FD-55: Application for a New Commercial Body Art Facility Registration
4. FD-56: Application for a New Commercial Body Art Operator Registration
  - A completed FD-56 for each operator must accompany your initial facility registration. Each operator application must include copies of current training cards/certificates for cardiopulmonary resuscitation (CPR), first aid, and bloodborne pathogens and disease transmission prevention. A list of approved trainers can be found here: <http://www.dhh.la.gov/index.cfm/page/622>. Please note that we only accept online training for the bloodborne pathogens course.
  - Fees for each operator along with the facility registration fee should accompany the packet. If the facility will have an owner/operator, then that operator is not required to pay an additional fee for him/herself on top of the facility registration fee.
5. Title 51 Public Health – Sanitary Code, Part XXVIII. Commercial Body Art.

Carefully review the commercial body art regulations. Pay careful attention to the items contained in sections 103, 105, 107, and 109, which outline the basic facility, operational, and operator requirements. **SEND THE ITEMS INDICATED IN BOLD TO THE COMMERCIAL BODY ART MANAGER by regular mail or email or fax:** Brian R. Warren ([brian.warren@la.gov](mailto:brian.warren@la.gov), fax: 225-342-7672), DHH/OPH Food and Drug/Milk and Dairy Unit, P.O. Box 4489, Bin #10, Box #14, Baton Rouge, LA 70821-4489. Please indicate in your message whether you intend to utilize single service equipment only.

Submit the FD-55 and all operator FD-56 forms along with the requisite fees to your inspector when he conducts your pre-operational inspection. Fees for registrations are as follows: \$1000 for the initial facility registration and \$100 for each initial operator registration, payable by cashier's check or money order to DHH. The renewal fees are \$500 and \$60, respectively, and are due on December 30 of each calendar year. The department will issue a renewal notice at the beginning of December each year you are in operation.

If you wish to discuss any of the basic requirements, or some specific aspect of your proposed commercial body art operation with an officer or employee of this agency, please don't hesitate to contact this office.

**PLANS REVIEW QUESTIONNAIRE  
FOR COMMERCIAL BODY ART ESTABLISHMENTS**

Date submitted to FDU/MDU: \_\_\_\_\_

**I. Basic Facility/Contact Information.**

Name of Establishment: \_\_\_\_\_

Physical Address of Establishment: \_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_

Specific Type(s) of Procedures Performed: \_\_\_\_\_

Class of Ownership:

**Note: All corporations, regardless of where the corporation is domiciled, must have an in-state Agent for Service of Process registered as such with the Louisiana Secretary of State.**

- Sole Proprietorship
- Corporation
- Limited Liability Corporation
- Partnership
- Limited Liability Partnership

|                                       |  |
|---------------------------------------|--|
| Name of Proprietor:                   |  |
| Name of Agent for Service of Process: |  |
|                                       |  |
| List of Partners:                     |  |

|  |                  |
|--|------------------|
| <b>Contact Person</b>  |                  |
| Name _____   | Title _____      |
| Mailing Address _____  |                  |
| Business Phone _____   | Cell Phone _____ |
| Email address _____  |                  |
| <b>Owner of the Real Property (if different from Owner of Establishment)</b> |                  |
| Name _____   | Title _____      |
| Mailing Address _____  |                  |
| Business Phone _____   | Cell Phone _____ |
| Email address _____  |                  |

**II. Plans/Facility Size and Scope.** New facilities need to provide a plot plan or blueprint drawing showing the proposed building, sewage treatment facility (if applicable), plumbing plan, electrical plan, HVAC plan, schedule of materials for finished floors, walls, and ceilings, and the surrounding grounds. Existing facilities need to provide a plot plan or blueprint drawing showing proposed renovations, and any information listed in the previous sentence that may change as a result of proposed renovations.

If the square footage of an existing facility is to be altered, list the

existing square footage: \_\_\_\_\_  
 proposed change: \_\_\_\_\_  
 new total: \_\_\_\_\_

Estimated (or actual) total number of employees in facility per shift: \_\_\_\_\_

**III. Plumbing Information.**

Existing plumbing includes

| Item                       | Number |
|----------------------------|--------|
| Ladies' water closets      |        |
| Men's water closets        |        |
| Urinals                    |        |
| Ladies' hand lavatories    |        |
| Men's hand lavatories      |        |
| Prep area hand lavatories  |        |
| Water fountains/dispensers |        |

| Item   | Yes | No |
|--|-----|----|
| Restrooms mechanically vented to atmosphere                        |     |    |
| Restroom doors self-closing  |     |    |
| Prep sinks indirectly connected to sanitary sewer                  |     |    |
| Floor drains in restrooms and prep areas exposed to floor moisture |     |    |

Attach a copy of a recent water bill from the water utility servicing the facility. The bill should be in the name of the property owner or prospective tenant. **(Note: Facilities using non-community water supplies must provide copies of lab results from tests for coliform bacterial contamination showing negative results for total and/or fecal coliform bacteria.)**

Name of public sewer system servicing facility: \_\_\_\_\_

**(Note: Facilities utilizing onsite wastewater treatment systems must have plans approved by the local Parish Health Unit or OPH Regional engineering staff.)**

**IV. Refuse Disposal Information.**

Name of garbage/refuse disposal company contracted: \_\_\_\_\_

**(Facilities must contract with a commercial waste disposal operation to remove garbage and/or refuse in accordance with the provisions of Chapter 1, Part VI, Title 51 of the Louisiana Administrative Code. Exemptions for the use of a municipal waste removal pickup may be granted to small operations on a case-by-case basis. Speak to your Sanitarian Program Coordinator for further details.)**

Name of red bag waste transporter contracted: \_\_\_\_\_

**Facilities that generate waste in excess of 55 pounds of non-sharps Potentially Infectious Biomedical Waste or 11 pounds of sharps must utilize either contract with an approved biomedical waste transporter for removal or transport the waste to a local medical facility that contracts with a waste transporter. Facilities generating less waste may double-bag non-sharps waste and store sharps in a rigid, puncture-proof container that is completely enclosed within another container and these items may be stored in a locked dumpster for no more than 30 days prior to removal by the refuse disposal company listed above.**