



TOWN OF WATERTOWN

*Board of Health*

Administration Building  
149 Main Street  
Watertown, MA 02472  
Phone: 617-972-6446  
Fax: 617-972-6499  
www.watertown-ma.gov

**BODY ART ESTABLISHMENT  
PLAN REVIEW APPLICATION  
WATERTOWN HEALTH DEPARTMENT**

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

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

Type of Body Art Establishment:  Tattoo  Piercing  Both

I, \_\_\_\_\_, have read and understand the contents/  
requirements of this application packet and the Watertown Board of Health Body  
Art Establishment Regulations and agree to the provisions contained within.

Date \_\_\_\_\_

**NO RENOVATION OR CONSTRUCTION WORK  
TO BE DONE IN BODY ART ESTABLISHMENT  
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

For Office Use Only:

Complete Plan Review Application Accepted by Health Department Date:

Reviewer's Signature:

# BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

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BODY ART ESTABLISHMENT APPLICATION

Date: \_\_\_\_\_

ESTABLISHMENT INFORMATION:

Type of Body Art Practiced at Establishment: [ ] Tattoo [ ] Piercing [ ] Both

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

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Operator of Establishment: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

NAMES OF ALL BODY ART PRACTITIONERS EMPLOYED AT ESTABLISHMENT:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Anatomy and Physiology I & II Course, Skin Disease, Disorders, and Conditions Course Completion Date(s), include copy of certificates:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Aid and CPR Training Date(s), completed within last two (2) years, include copy of certificates:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Disease Transmission Prevention and Bloodborne Pathogen Course Completion Date(s), include copy of certificates:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of FDA Approved Autoclave Unit:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Model Number: \_\_\_\_\_  
Model Year: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

**Name of Spore Testing Laboratory:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**State Licensed Hazardous Waste Removal Company:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**EPA approved non-hazardous hard surface disinfectant:**

Name: \_\_\_\_\_ EPA # \_\_\_\_\_

**Have you ever owned/operated a Body Art Establishment? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

If yes, where? Name of Establishment: \_\_\_\_\_  
Address: \_\_\_\_\_

**REQUIRED DOCUMENTATION FOR ALL BODY ART ESTABLISHMENTS:**

1. A scaled floor plan and specifications of the establishment to demonstrate compliance with the Body Art Establishment Regulations. Floor plan and specifications must be submitted for Health Department review.
2. Exposure Control Plan to meet all of the requirements of OSHA must be submitted for review by the Health Department.
3. A copy of the Emergency Plan for the purpose of contacting police, fire, or emergency medical services in the event of an emergency, must be submitted for review by the Board of Health.
4. A copy of your current Insurance Liability Coverage from an approved provider with the following coverage:
  - General Liability Coverage for \$ 500,000
  - Tattooist Liability Coverage for \$ 100,000
  - Piercers Liability Coverage for \$ 100,000

5. A copy of your current driver's license or Mass ID.
6. Permit Fee, make checks or money order payable to the Town of Watertown
  - Plan Review Fee \$200.00
  - Establishment Permit Fee \$200.00 per year
  - Individual Practitioner License \$150.00 per year

**Any omissions or falsification of information requested on this application shall be cause for denial of permit.**

I have received a copy of the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations. I have read and understand the obligations, requirements, and prohibitions of the Watertown Body Art Regulation. I agree to abide by the Watertown Board of Health Body Art Regulations. I agree to have the Body Art Establishment Permit and all Body Art Practitioner Permits conspicuously posted within the establishment at all times.

I understand that this Body Art Establishment Permit expires on May 31<sup>st</sup> each year. I understand that any notice required to be given by the Watertown Health Department to me may be given by mailing the notice to the place of the business. I acknowledge that I am responsible for the renewal of this license by May 31<sup>st</sup> of each year regardless of notice from the Watertown Health Department. I understand that a Body Art Establishment Permit shall not be transferable from one place or person to another.

I understand the Watertown Health Department has sixty (60) days to review this application from the date it is submitted. I understand that any omissions or falsification of information requested on this application shall be cause for denial of a permit.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and is in no way misrepresented.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Applicant



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## APPLICATION FOR INDIVIDUAL BODY ART PRACTITIONER PERMIT

Date: \_\_\_\_\_

### PRACTITIONER INFORMATION:

Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### TYPE OF APPLICATION:

Body Piercing       Tattooing

### WORKPLACE / BODY ART ESTABLISHMENT INFORMATION:

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

Establishment Address: \_\_\_\_\_  
(Street)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**ALL LICENSED BODY ART PRACTITIONERS MUST BE EMPLOYED BY  
A LICENSED BODY ART ESTABLISHMENT.**

Has your license/permit to practice body art or operate a body art establishment ever been revoked in any town/city/state? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

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**REQUIRED DOCUMENTATION FOR ALL BODY ART PRACTITIONERS:**

1. Portfolio / records displaying two years experience in the practice of performing body art procedures (2400 hours of actual experience) or completed apprenticeship program approved by the Board.
2. Evidence of successful completion of a course in Anatomy and Physiology I & II with a grade of C or better at a college accredited by the New England Association of Schools and Colleges. Or documentation for completion of another Board approved course or program may be substituted if seeking a Tattooing Practitioner Permit ONLY.
3. Evidence of current certification in First Aid and Advanced Cardiopulmonary Resuscitation (Community First Aid and Adult CPR) by a recognized training provider. First Aid/CPR course must be completed within the last two (2) years.
4. Evidence of completion of a course on the prevention of Disease Transmission and Blood Borne Pathogens compliant with the OSHA guidelines in 29 CFR 1910.1030.
5. Valid documentation of Hepatitis B Virus (HBV) Vaccination Status, must include one of the following:
  - Certification of completed vaccination,
  - Documentation stating vaccine is contraindicated for medical reasons, or
  - Certificate of vaccination declination of HBV.
6. One 2"x2" passport-type (frontal view, head shot) photo taken within 30 days of submission of this application.
7. Positive identification card, a Massachusetts State Drivers License or a Massachusetts State Identification Card.
8. A Body Art Practitioner Permit Fee of **\$150.00**. Checks or money orders made payable to the **Town of Watertown**.

Any practitioner currently approved by the Board may renew their permit for two successive annual terms without having to comply with the requirements for new applicants (Section 2). Upon the expiration of the final renewed permit, any application for renewal shall be subject to the same requirements.

**Section 12 (C)** states that "A practitioner shall be a minimum of 18 years of age."

I hereby certify that I am \_\_\_\_\_ years of age.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPRENTICESHIP / WORK HISTORY**

Body Art Facility / Contact Name	Address	Phone	Dates Start    End	Health Dept. License

**APPLICANT / BODY ART PRACTITIONER PERMIT STATEMENT OF CONSENT:**

I understand that I must obtain a valid Body Art Practitioner Permit to conduct Body Art in the Town of Watertown and that the license is valid for the conduct of those Body Art practices for which I have applied. I also understand that this practitioner permit expires on May 31<sup>st</sup> of each year. I also understand that any notice to be mailed to me by the Watertown Health Department will be mailed to my address indicated in this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment that I have indicated above.

I have received a copy of the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulations requirements specified in the Watertown Health Department Body Art Regulations while practicing in the Watertown.

I agree to work only out of an establishment that is in compliance with the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations and has a valid Body Art Establishment Permit. I agree to have my Body Art Practitioners Permit posted conspicuously within the establishment where I work.

I understand the Watertown Health Department has sixty (60) days to review this application from the date it is submitted. I understand that any omissions of falsification of information requested on this application shall be cause for denial of a permit.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided in this application is complete and accurate and in no way is misrepresented.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Full Name of Applicant:** \_\_\_\_\_

## **INFORMATION NEEDED BEFORE WORK CAN BEGIN**

1. Completed Body Art Establishment Plan Review Application.
2. Include the following items with the completed application:
  - Floor plan (inside establishment): Show location of all equipment and areas including but not limited to walls, floors, ceilings, procedure surfaces, autoclaves, ultrasonic cleaning units, handwash sinks, janitorial / mop sinks, toilet facilities, Customer Waiting Area, Instrument Storage Area, Cleaning Area, Workstation Areas, Records Storage, sterilized instrument storage, clean cloth storage, soiled cloth storage, emergency telephone, and medical waste storage.
  - Manufacturer's Specification Sheet(s) for all equipment including but not limited to walls, floors, ceilings, procedure surfaces, autoclaves, ultrasonic cleaning units, sinks, and all procedure surfaces (indicate locations of equipment on floor plan).
  - A signed service agreement with a licensed pest control operator to service your establishment.
  - Submit a signed service agreement with a Commercial Solid Waste Hauler and a Medical Waste Hauler.
  - Submit Spore Destruction Test Results from independent laboratory.
  - Submit a written Disclosure Statement, Client Consent form, and Aftercare Instructions, models attached, see page 27.
  - Submit a written Emergency Plan, emergency telephone numbers attached, see page 33.
  - Submit a written Exposure Control Plan.
  - Submit written Exposure Incident Report, model attached, see page 31.
  - Submit a written Injury / Complications Report, model attached, see page 32.
  - Submit a check for plan review fee (non-refundable) made out to "Town of Watertown".
3. Letter from Health Department approving the submitted application and plans. The letter will allow work to begin. No work can begin without this letter.

**Please call, Chief Environmental Health Officer, with questions: 617-972-6446.**

### **Plan Review Fee Schedule**

Body Art Establishment Plan Review.....	\$ 200.00
Annual Permit to Operate a Body Art Establishment .....	\$ 200.00
Annual Body Art Practitioners Permit.....	\$ 150.00

Copies of Town regulations may be acquired at the Watertown Health Department and the Town Clerk's Office.

## PHYSICAL FACILITY

### FINISH SCHEDULE

Complete the following chart by: Providing the type of building material used in the construction of the floor covering, walls, and ceiling for the work station area, cleaning area, storage area, and bathroom.

Ceiling, walls and floors must be finished to facilitate cleaning. All studs, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed

	Floors	Walls	Ceilings	Reviewer's Comments	
				Acceptable	Not Acceptable
Workstation Area					
Cleaning Area					
Storage Area					
Bathrooms					

### PROCEDURE SURFACES

All procedure surfaces, including client chairs / benches, shall be of such construction as to be easily cleaned and sanitized after each client. Describe Procedure Surfaces. Submit specifications for workstation and clients chairs / benches to be used for operations.

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Reviewer's Comments

Acceptable  Not Acceptable

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### PARTITIONS

Solid partitions or walls must extend from floor to ceiling separating establishment's facility from any other room used for human habitation, food establishment, hair salon, retail sales, or any other such activity that may cause potential. Are solid partitions or walls present at the establishment?

Yes  No

Reviewer's Comments

Acceptable  Not Acceptable

---

### VENTILATION

Please check appropriate boxes

				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Establishment is well ventilated.					
Establishment has mechanical ventilation.					
Establishment has operable windows.					

**LIGHTING, AND ELECTRICAL OUTLETS**

Please check appropriate boxes

	Please check appropriate boxes			Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Establishment is provided with an artificial light source to at least 20 foot candles 3 feet off the floor.					
At least 100 foot candles provided at the level where the body art procedure is being performed, where instruments and sharps are assembled and all cleaning areas.					
All electrical outlets in operator areas and cleaning areas are equipped with approved ground fault (GFCI) protected receptacles.					

**A. INSECT AND RODENT HARBORAGE**

- Submit a signed service agreement with a licensed pest control operator specific to your establishment.

Please check appropriate boxes

	Please check appropriate boxes			Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Are all outside doors self-closing with rodent proof flashing?					
Are screen doors provided on outside doors for use in summer?					
Do all operable windows have minimum #16 mesh screening?					
Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?					

Describe method of keeping area around building free of unnecessary brush, litter, boxes or other harborage.

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Reviewer's Comments

Acceptable  Not Acceptable

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**B. SOLID WASTE AND REFUSE, AND MEDICAL WASTE**

- Submit a signed service agreement with a Commercial Solid Waste Hauler and a Medical Waste Hauler

Please check appropriate boxes

Reviewer's Comments

	Yes	No	N/A	Acceptable	Not Acceptable
At least one foot operated waste receptacle provided at each workstation, in the cleaning room, and in each toilet room.					
Waste receptacles from workstation(s) emptied daily and from establishment as needed basis.					
Solid waste is stored in covered, leak proof, rodent-resistant containers.					
Solid waste is removed from the premises at least weekly. Solid waste contractor name: _____					
OSHA approved sharps container located at each workstation.					
OSHA approved sharps container located in cleaning area.					
State Licensed Hazardous Waste / Sharps Removal Company _____					

### C. PLUMBING

#### BACK FLOW PREVENTER DEVICES

According to manufacturer specification, describe back flow preventer devices for the following. If the item is not applicable please indicate with a N/A.

Please check appropriate boxes

Reviewer's Comments

	Air Gap	Air Break	"P" Trap	Vacuum Breaker	Integral Trap	Acceptable	Not Acceptable
Toilets / Water Closets							
Urinals							
Handwash sink							
Janitorial Sink / Mop Sink							

#### HANDWASH SINKS

- Provide location of each handwash sink on the floor plan.

Please check appropriate boxes

Reviewer's Comments

	Yes	No	N/A	Acceptable	Not Acceptable
At least one wrist- or foot-operated handwash sink is provided in each workstation.					
At least one wrist- or foot-operated handwash sink is provided in the cleaning area.					
Each handwash sink is provided with a fixed dispenser containing liquid soap.					

Each handwash sink is provided with a fixed dispenser containing disposable paper towels.					
Each handwash sink is supplied with hot or cold running potable water.					
Each handwash sink is plumbed, with sewer and potable water connections.					

**JANITORIAL / MOP SINK**

- Provide location of each janitorial / mop on the floor plan.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
At least one janitorial sink is provided in the establishment for use in cleaning the establishment and proper disposal of non-contaminated liquid wastes.					
The janitorial / mop sink is supplied with hot or cold running water.					
The janitorial / mop sink is plumbed, with sewer and potable water connections.					

**TOILET FACILITIES**

- Provide location of each toilet facilities on the floor plan.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
At least one toilet room containing functioning toilet and sink is located within establishment.					
Toilet room contains fixed and properly stocked toilet paper dispenser.					
Toilet room contains fixed and properly stocked liquid hand soap dispenser.					
Toilet room contains fixed and properly stocked paper towel dispenser.					

**D. CUSTOMER – WAITING AREA**

- Provide location of Customer Waiting Area on the floor plan.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
Area is separate from any workstation, instrument storage area, cleaning area, or any other area in the body art establishment used for body art procedures.					

**E. INSTRUMENT AND SUPPLY STORAGE AREA**

- Provide location of Instrument and Supply Storage Area on the floor plan.

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Instrument and supply storage area able to be secured. Describe location _____					
Instruments and supplies stored in clean, dry, and covered containers. Describe containers _____					

**F. CLEANING AREA**

Provide location of Cleaning Area on the floor plan.

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Cleaning area provided in establishment.					
Autoclave provided in cleaning area.					
Ultrasonic cleaning unit provided in cleaning area.					
Autoclave unit positioned a minimum of 36 inches from ultrasonic cleaning unit.					

**G. WORKSTATION AREA**

Each workstation area shall have a minimum of 45 square feet of floor space for each practitioner. Each establishment shall have an area that may be screened from public view for clients requesting privacy. Multiple workstations shall be separated by dividers or partition at a minimum.”

- Provide location of Workstation Area and dividers or partitions for multiple workstations on the floor plan.

Please check appropriate boxes	Square Feet Length X Width = SF	Reviewer's Comments	
		Acceptable	Not Acceptable
Workstation Area 1			
Workstation Area 2			
Workstation Area 3			
Workstation Area 4			

## H. SINGLE USE ITEMS

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Single use items are used on one client only.					
Once used, all single use sharps are immediately disposed of in approved sharps containers pursuant to 105 CMR 480.000.					
All products applied to the skin (body art stencils, applicators, gauze, razors, etc.) are single use and disposable.					
Hollow bore needles or needles with cannula are not reused.					
All inks, dyes, pigments, solid core needles, and equipment shall be specifically manufactured for performing body art procedures are used in accordance with manufacturer's instructions.					
All inks, dyes, and pigments used to alter the color of skin in the conduct of Body Art are specifically manufactured for such purpose, approved, properly labeled as to its ingredients, manufacturer and lot number in accordance with applicable United States Food and Drug Administration (FDA) requirements, and shall not be contaminated or adulterated.					
All inks, dyes, and pigments used to alter the color of skin in the conduct of Body Art are and shall not be contaminated or adulterated.					
The mixing or the dilution of all inks, dyes, or pigments of the same with potable sterile water is conducted in accordance with the product manufacturer recommendation.					
Inks, dyes, and pigments prepared by or the direction of a Body Art Practitioner for use in Body Art activity is made exclusively of non-toxic and non-contaminated ingredients approved by the Board of Health of the FDA.					
Inks, dyes, or pigments are only mixed or diluted with water from an approved potable source.					
Immediately before a tattoo is applied, the quantity of the dye to be used shall be transferred from the dye bottle and placed into single-use paper cups or plastic cups. Upon completion of the tattoo, these single use cups or caps and their contents shall be discarded.					

**I. INSERTED OBJECTS – JEWELRY**

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Inserted objects – jewelry is sterilized, free from polishing compounds, free from nicks, scratches, burrs or irregular surface conditions.					
Inserted objects – jewelry of 16 gage girth or thicker does not have raised external threads or threading.					
Inserted objects – jewelry are in good condition, designed and manufactured for insertion into the intended body part of the client.					
The use of previously worn jewelry or jewelry brought into the Body Art Establishment by the Client or another is prohibited.					
Only jewelry manufactured of surgical implant stainless steel of American Society for Testing and Material Standards grade F138, surgical implant solid 14K or 18K white or yellow gold, niobium, surgical implant titanium of Ti6A4V ELI, American Society for Testing and Material Standards F-136-98, platinum or other materials considered by the Board to be equally biocompatible and capable of adequate cleaning and sterilization is to be inserted into a client.					

**J. SANITATION AND STERILIZATION MEASURES AND PROCEDURES**

- Submit a copy of the Autoclave and Ultrasonic Cleaning Unit specification sheet.
- Provide location of Autoclave and Ultrasonic Cleaning Unit on the floor plan.
- Submit a copy of spore destruction test results from an independent laboratory.
- Provide location of storage of sterilized instruments on floor plan.
- Provide location of storage of clean cloth items and soiled cloth items on floor plan.

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
All non-disposable instruments used for body art, including all reusable solid core needles, pins and stylets, are cleaned thoroughly after each use by scrubbing with an appropriate soap or disinfectant solution and hot water, and then placed in an ultrasonic cleaning unit.					
The ultrasonic cleaning unit used is for cleaning purposes, approved by the FDA and operated in accordance with manufacturer's instructions.					
After being cleaned, all non-disposable instruments used for body art are packed individually in sterilizer					

packs and then sterilized in a steam autoclave.					
The autoclave used is for medical sterilization purposes and approved by the FDA.					
All sterilizer packs contain either a sterilizer indicator or internal temperature indicator.					
Sterilizer packs are dated with an expiration date not to exceed six (6) months.					
The autoclave is used, cleaned, and maintained according to manufacturer's instruction.					
A copy of the manufacturer's recommended procedures for the operation of the autoclave is available for inspection by the Board.					
The autoclave is located away from workstations or areas frequented by the public.					
All instruments used for body art procedures remain stored in sterile packages until just prior to the performance of a body art procedure.					
After sterilization, the instruments used in body art procedures are stored in a dry, clean cabinet or other tightly covered container reserved for the storage of such instruments.					
Sterile instruments are not used if the package has been breached or after the expiration date without first repackaging and resterilizing.					
Assembling instruments used for body art procedures, the operator wears disposable medical gloves and uses medically recognized sterile techniques to ensure that the instruments and gloves are not contaminated.					
Reusable cloth items shall be mechanically washed with detergent and mechanically dried after each use with standards applicable to hospitals and medical care facilities, at a temperature of 160°F or a temperature of 120°F with the use of chlorine disinfectant.					
The clean cloth items shall be stored in a dry, clean environment until used.					

## K. STANDARDS OF PRACTICE

### PRACTITIONERS

Please check appropriate boxes

Reviewer's Comments

	Yes	No	N/A	Acceptable	Not Acceptable
Practitioners perform all body art procedures in accordance with Universal Precautions set forth by the U.S Centers for Disease Control and Prevention.					
Practitioners refuse service to any person who may					

be under the influence of alcohol or drugs.					
Practitioners maintain the highest degree of personal cleanliness, conform to be standard hygienic practices, and wear clean clothes when performing body art procedures.					
The skin of the practitioner shall be free of rash or infection.					
Practitioners affected with boils, infected wounds, open sores, abrasions, weeping dermatological lesions or acute respiratory infection are prohibited from work in any area of a body art establishment.					
Practitioners using ear-piercing systems must conform to the manufacturer's directions for use and FDA requirements.					
Practitioners are not to use an ear piercing system on any part of the client's body other than the lobe of the ear.					

### **PRACTITIONER HANDWASHING AND GLOVE USAGE**

Please check appropriate boxes

				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Before performing body art procedures, the practitioner must thoroughly wash their hands in hot running water with liquid soap, then rinse hands and dry with disposable paper towels.					
Handwashing is done as often and as necessary to remove contaminants.					
Performing body art procedures, a practitioner must wear disposable single-use gloves.					
Performing body art procedures, gloves must be changed if they become pierced, torn, or otherwise contaminated by contact with unclean surfaces or objects or by contact with a third person.					
Gloves are discarded at a minimum at the completion of each procedure on individual clients, and then washed before the next set of gloves is put on.					
A single pair of gloves must be used once on one person and then discarded.					

### **PROCEDURE SURFACE PREPARATION AND DISPOSAL OF CONTAMINATED ITEMS**

Please check appropriate boxes

				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
Client's skin area must be free of rash or any visible infection, open lesions, wounds or puncture marks.					
Immediate skin area and areas of skin surrounding					

where body art procedure is to be placed must be washed with soap and water or an approved surgical skin preparation.					
If shaving is necessary, single use disposable razors or safety razor with single service blades are used. Blades are discarded after each use and reusable holders cleaned and autoclaved after use.					
Following shaving the skin and surrounding area must be washed with soap and water.					
Washing pad is discarded after a single use.					
Petroleum jellies, soaps, and other products used in the application of stencil must be dispensed and applied on the area to receive a body art procedure with sterile gauze or other sterile applicator to prevent contamination of the original container and its contents. The applicator or gauze is used once and then discarded.					
In the event of bleeding, all products used to stop bleeding or absorb blood are single use, discarded immediately after use in appropriate covered containers in accordance with 105 CMR 480.000.					
Any item or instrument used for body art that is contaminated during the procedure must be discarded and replaced immediately with a new disposable item or a new sterilized instrument or item before the procedure resumes.					
Contaminated waste is stored, treated, and disposed in accordance with 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste.					

**CLIENT CONSENT**

- Provide a copy of the written Consent Form provided to the clients.

Please check appropriate boxes				Reviewer's Comments	
	Yes	No	N/A	Acceptable	Not Acceptable
<p>Prior to performing a body art procedure on a client, the practitioner is to inform the client verbally and in writing that receiving a body art procedure may be harmful to a person with the following conditions:</p> <ul style="list-style-type: none"> <li>▪ History of diabetes;</li> <li>▪ History of hemophilia (bleeding);</li> <li>▪ History of skin disease, skin lesions, or skin sensitivities to soaps, disinfectants, etc;</li> <li>▪ History of allergies or adverse reaction to pigments, dyes, or other sensitivities;</li> <li>▪ History of epilepsy, seizures, fainting, or narcolepsy;</li> </ul>					

<ul style="list-style-type: none"> <li>▪ Use of medications such as anticoagulants;</li> <li>▪ Any other conditions such as hepatitis or HIV;</li> <li>▪ History of or suspicion of adverse reaction to latex products containing latex;</li> <li>▪ History of keloid formation;</li> <li>▪ Clients are to inform body art practitioner of a known pregnancy or possibility of pregnancy.</li> </ul>					
Consent forms includes the client's consent for the above conditions.					
Consent form includes client's consent that no existing conditions may prevent them from receiving body art.					
Consent form includes client's consents to the performance of the body art procedure.					
Consent form includes that the client has been given the aftercare instructions.					

**AFTERCARE PROCEDURES**

- Provide a copy of the written Aftercare Procedures form given to clients.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
The practitioner must provide each client with verbal and written instructions on the aftercare of the body art site.					
Aftercare instructions advise clients on the proper cleansing of the area that received the body art.					
Aftercare instructions advise clients to consult a health care provider for <ul style="list-style-type: none"> <li>▪ Unexpected redness, tenderness or swelling at the site of the body art procedure;</li> <li>▪ Any rash</li> <li>▪ Unexpected drainage at or from the site of the body art procedure; or</li> <li>▪ A fever within 24 hours of the body art procedure.</li> </ul>					
Aftercare instructions advise clients of the address and phone number of the establishment.					
A copy of aftercare instructions is to be provided to the client.					

**L. POSTING REQUIREMENTS**

- Provide a copy of the written Emergency Plan.
- Provide location of telephone on floor plan.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
Disclosure Statement is prominently displayed.					
Disclosure Statement is given to each client, advising him/her of the risks and possible consequences of body art procedures.					
The name, address and phone number of the Watertown Board of Health is prominently displayed.					
An occupancy and use permit as issued by the local building official is prominently displayed.					
An Emergency Plan is prominently displayed.					
Emergency Plan includes a plan for the purpose of contacting police, fire or emergency medical services in the event of an emergency.					
A telephone in good working order is available and accessible to all employees and clients during all hours of operation.					
Emergency Plan includes a sign at or adjacent to the telephone indicating the correct emergency telephone numbers.					
A current establishment permit is prominently displayed.					
Each practitioner's permit is prominently displayed.					

### M. ESTABLISHMENT RECORD KEEPING

- Provide location of record storage on floor plan.
- Provide a copy of the Exposure Control Plan.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
Establishment maintains the following records in a secure place for a minimum of three (3) years, and the records are available to the Board upon request.					
<b>Establishment Information.</b>					
Establishment name.					
Establishment hours of operation.					
Establishment's owner's name and address.					
A complete description of all body art procedures performed at the establishment.					
Inventory of all instruments and body jewelry, all sharps, and all inks used for any and all body art procedures, including name of manufacturers and serial or lot numbers. Invoices or packing slips shall satisfy this requirement.					

Material Safety Data Sheet (MSDS) when available for each ink and dye used by establishment.					
Copies of waste hauler manifest.					
Copies of commercial biological monitoring tests.					
Exposure Incident Report (kept permanently).					
A copy of the Watertown Body Art Regulations.					
<b>Employee Information.</b>					
Employee full legal names and exact duties.					
Employee date of birth.					
Employee home address.					
Employee home/work phone numbers.					
Employee identification photograph.					
Employee date of employment.					
Employee Hepatitis B vaccination status or declination notification.					
Employee training records.					
<b>Client Information.</b>					
Client name.					
Client age and valid photo identification.					
Address of client.					
Date of client's procedure.					
Name of practitioner who performed the client's procedure(s).					
Description of client procedure(s) performed and the location on the body.					
The client signed consent form as specified by Section 7(D)(2).					
Client is under 18 years of age, proof of parental or guardian identification, presence, and consent including a copy of the photograph identification or the parent or guardian.					
Client information is kept confidential and secured at all times.					
<b>Exposure Control Plan.</b>					
Exposure Control Plan is created, updated, and complies with all requirements of 29 Code of Federal Regulation 1910.1030 OSHA Bloodborne Pathogen Standards.					
Exposure Control Plan is maintained and made available to the Board upon request.					

**N. EXPOSURE INCIDENT REPORT**

- Provide a written copy of the Exposure Incident Report form.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable

Exposure Incident Report is completed by the close of the business day during which an exposure has or might have taken place by the involved or knowledgeable body art practitioner for every exposure incident occurring in the conduct of any body art procedure.					
Exposure Incident Report must contain a copy of the applicant and consent form for body art activity completed by any client or minor client involved in the exposure incident.					
Exposure Incident Report must contain a full description of the exposure incident, including the portion of the body involved therein.					
Exposure Incident Report must contain the instrument(s) or other equipment implicated.					
Exposure Incident Report must contain a copy of the body art practitioner permit if the involved body art practitioner.					
Exposure Incident Report must contain the date and time of the exposure.					
Exposure Incident Report must contain a copy of any medical history released to the body art establishment or body art practitioner.					
Exposure Incident Report must contain the information regarding any recommendation to refer to a physician or waiver to consult a physician by persons involved.					

## O. INJURY / COMPLICATIONS REPORT

- Provide a copy of the written Injury / Complications Report.

Please check appropriate boxes	Reviewer's Comments				
	Yes	No	N/A	Acceptable	Not Acceptable
A written report of any injury, infection complication or disease as a result of a body art procedure, or complaint of injury, infection complication or disease, must be forwarded by the operator to the Board, with a copy to the injured client within five (5) working days of its occurrence or knowledge thereof.					
Injury and/or Complication Report must include the name of the affected client.					
Injury and/or Complication Report must include the name and location of the body art establishment involved.					
Injury and/or Complication Report must include the					

nature of the injury, infection complication or disease.					
Injury and/or Complication Report must include the name and address of the affected client's health care provider, if any.					
Injury and/or Complication Report must include any other information considered relevant to the situation.					

**P. RESTRICTIONS**

1. I have read and I understand all the sections of the Watertown Board of Health Body Art Establishment Regulations. \_\_\_\_\_  
Initials
2. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit animals of any kind in a body art establishment except service animals used by person with disabilities (e.g. Seeing Eye dogs). Fish aquariums shall be allowed in waiting rooms and nonprocedural areas. \_\_\_\_\_  
Initials
3. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit smoking, eat, or dinking in the area where body art is performed, with the exception of non-alcoholic fluids being offered to a client during or after a body art procedure. \_\_\_\_\_  
Initials
4. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit tattooing or piercing of genitalia. \_\_\_\_\_  
Initials
5. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit branding or scarification. \_\_\_\_\_  
Initials
6. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit body piercing on a person under the age of 18 provided that the person is accompanied by a properly identified parent, legal custodial parent, or legal guardian who has signed a form consenting to such procedure. Properly identified shall mean a valid photo identification of the adult and a birth certificate of the minor. \_\_\_\_\_  
Initials
7. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit body art being performed upon an animal. \_\_\_\_\_  
Initials
8. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit body art being performed on pregnant women. \_\_\_\_\_  
Initials
9. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit the following body piercings: piercing of the uvula; piercing of the tracheal area; piercing of the neck, piercing of the ankle, piecing between the ribs or vertebrae; piercing of the web are of the hand or foot; piercing of the lingual frenulum (tongue web); piercing of the clitoris; any form of chest or deep muscle piercing, excluding the nipple; piercing of the anus; piercing of the eyelid, whether top or bottom; piercing of the gums; piercing or skewering of a testicle; so called "deep" piercing of the penis – meaning piercing through the shaft of the penis, or "trans-penis" piercing in any area from the corona glandis to the pubic bone; so called "deep" piercing of the scrotum – meaning piercing through the scrotum, or "transcrotal" piercing; or "deep" piercing of the vagina. \_\_\_\_\_  
Initials

10. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibits the following practices unless performed by a medical doctor licensed by the Commonwealth of Massachusetts: tongue splitting; braiding; Three Dimensional / Beading / Implantation; tooth filing / fracturing / removal; cartilage modification; amputation; genital modification; introduction of saline or other liquids. \_\_\_\_\_  
Initials
11. I understand that the Watertown Board of Health Body Art Establishment Regulations prohibit any person to establishment or operate a Mobile or Temporary Body Art Establishment. \_\_\_\_\_  
Initials

I hereby certify that all the above information is correct, and I fully understand that any deviation from the above without prior permission from the Watertown Board of Health may nullify this approval.

Signature(s) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Owner(s) or responsible representative(s)

**A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the Watertown Board of Health Body Art Establishment Regulations.**





## TOWN OF WATERTOWN

### *Board of Health*

Administration Building  
149 Main Street  
Watertown, MA 02472  
Phone: 617-972-6446  
Fax: 617-972-6499  
[www.watertown-ma.gov](http://www.watertown-ma.gov)

## **BODY PIERCING DISCLOSURE STATEMENT**

**THIS STATEMENT IS TO BE GIVEN TO ALL BODY ART CLIENTS, AND IS TO BE SIGNED BY THE CLIENT, PRIOR TO PERFORMING ANY BODY ART PROCEDURE**

As with any invasive procedure, body piercing may involve possible health risks. These risks may include:

- Pain, bleeding, swelling, infection, scarring of the area and nerve damage.
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- You may not be allowed to donate blood either temporarily or permanently.

The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure.
- Use sterilized equipment.
- Use sterile techniques.
- Provide information on the aftercare of the area receiving body art.

## **HEALTH HISTORY AND INFORMED CONSENT**

The following conditions may increase health risks associated with receiving body art:

- (a) diabetes;
- (b) hemophilia (bleeding);
- (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (e) history of epilepsy, seizures, fainting, or narcolepsy;
- (f) use of medications such as anticoagulants, (such as Coumadin) which thin the blood and/or interfere with blood clotting;
- (g) any other conditions such as hepatitis or HIV infection
- (h) history of or suspicion of adverse reaction to latex products containing latex;
- (i) history of keloid formation; and
- (j) a client shall inform the body art practitioner of a known pregnancy or possibility of pregnancy.

## INSTRUCTIONS FOR THE AFTERCARE OF PIERCINGS

Treat your new piercing as an open wound. Keep it clean. Body piercings need to be cleaned once or twice daily, every day, for the entire initial healing time. Do not touch healing piercings with dirty hands.

- Before cleanings, wash hands thoroughly with soap and warm water.
- Rinse or soak the pierced area with warm water to remove any stubborn crust using a cotton swab and warm water.
- Apply a small handful of mild antibacterial soap to the area with your clean hands.
- Cleanse the area and the jewelry, and gently rotate the jewelry back and forth a few times to work the soap to the inside.
- Allow the solution to remain there for a minute. Bathe normally; don't purposely work anything other than the cleanser onto the inside of the piercing.
- Rinse the area thoroughly under running water, while rotating the jewelry back and forth to completely remove the cleanser from the inside and outside of the piercing.
- Gently pat dry with disposable paper products such as gauze or tissues, as cloth towels can harbor bacteria.

Consult a health care provider for:

1. Unexpected redness, tenderness or swelling at the site of the piercing
2. Any rash
3. Unexpected drainage at or from the site of the piercing
4. Fever within 24 hours of the piercing

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

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

### PROCEDURE FOR FILING A COMPLAINT

**If there is any injury, infection complication or disease as a result of a body art procedure notify this establishment at telephone number provided above and the Watertown Health Department at (617) 972-6446.**

### CLIENT SIGNATURE

**I have received the above information. I do not have a condition that prevents me from receiving body art. I consent to the performance of the body art procedure and I have been given verbal and written aftercare instructions as required by these regulations.**

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or guardian signature required if under the age of 18. Relationship: \_\_\_\_\_



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## TATTOO DISCLOSURE STATEMENT

**THIS STATEMENT IS TO BE GIVEN TO ALL BODY ART CLIENTS, AND IS TO BE SIGNED BY THE CLIENT, PRIOR TO PERFORMING ANY BODY ART PROCEDURE**

As with any invasive procedure, tattooing may involve possible health risks. These risks may include:

- Pain, bleeding, swelling, infection, scarring of the area and nerve damage.
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo. There is also the possibility of an allergic reaction.
- The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos, including those used in permanent makeup.
- Blood donations cannot be made for a year after getting a tattoo or permanent makeup.

The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure
- Use sterilized equipment
- Use sterile techniques
- Provide information on the aftercare of the area receiving body art

## HEALTH HISTORY AND INFORMED CONSENT

The following conditions may increase health risks associated with receiving body art:

- (k) diabetes;
- (l) hemophilia (bleeding);
- (m) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (n) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (o) history of epilepsy, seizures, fainting, or narcolepsy;
- (p) use of medications such as anticoagulants, (such as Coumadin) which thin the blood and/or interfere with blood clotting;
- (q) any other conditions such as hepatitis or HIV infection
- (r) history of or suspicion of adverse reaction to latex products containing latex;
- (s) history of keloid formation; and
- (t) a client shall inform the body art practitioner of a known pregnancy or possibility of pregnancy.

## INSTRUCTIONS FOR THE AFTERCARE OF TATTOOS

Treat your new tattoo as an open wound. Keep it clean. Do not touch healing tattoos with dirty hands.

- Before cleaning the tattooed area, wash hands thoroughly with soap and warm water.
- Carefully remove the gauze bandage and tape. If the gauze sticks, use a tiny bit of warm water to remove. DON'T RIP IT OFF!
- Using mild soap and cool water, gently and carefully cleanse the area, and pat dry. Do not rub with washcloth or towel
- Apply a thin layer of antibiotic ointment (Bacitracin, Neomycin-Polymyxin) on the tattoo.
- Repeat cleansing and application of the antibiotic ointment 2-4 times a day for 3 days.
- Healing usually takes 7 to 10 days, depending on the size of the tattoo. As it heals, expect peeling like sunburned skin.
- Do not pick at scabs
- Avoid sunburn, salt or chlorinated pool water, hot tubs, saunas and steam baths while the tattoo is healing
- Itching is expected. DO NOT SCRATCH THE TATTOO!

Consult a health care provider for:

1. Unexpected redness, tenderness or swelling at the site of the tattoo
2. Any rash
3. Unexpected drainage at or from the site of the tattoo
4. A fever within 24 hours of the tattoo

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

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

### PROCEDURE FOR FILING A COMPLAINT

**If there is any injury, infection complication or disease as a result of a body art procedure notify this establishment at telephone number provided above and the Watertown Health Department at (617) 972-6446.**

### CLIENT SIGNATURE

**I have received the above information. I do not have a condition that prevents me from receiving body art. I consent to the performance of the body art procedure and I have been given verbal and written aftercare instructions as required by these regulations.**

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or guardian signature required if under the age of 18. Relationship: \_\_\_\_\_



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**EXPOSURE INCIDENT REPORT FORM**

**An exposure Incident Report shall be completed by the close of the business day during which an Exposure has or might have taken place by the involved or knowledgeable Body Art Practitioner for every Exposure incident occurring in the conduct of any Body Art procedure.**

Each Exposure Incident Report must contain:

1. A copy of the Application, Disclosure, Health History and Informed Consent Form for Body Art Activity completed by the client or legal guardian of the client involved in the Exposure incident.
2. A copy of any medical history released to the body art establishment or body art practitioner.
3. A copy of the Body Art Practitioner permit of the involved Body Art Practitioner.

**Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name of business where incident occurred:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name of Injured person:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Instrument or Other Equipment implicated in the Exposure Incident:** \_\_\_\_\_

**Full description of Exposure Incident, including the portion of body involved therein:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information regarding any recommendation to refer to a physician or waiver to consult a physician by persons involved in exposure incident:**

\_\_\_\_\_  
\_\_\_\_\_

(Continue on back if needed)

\_\_\_\_\_  
Signature of person making report / Print Name

\_\_\_\_\_  
Date



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## INJURY AND/OR COMPLICATION REPORT

A written report of any injury, infection complication or disease as a result of a body art procedure, or complaint of injury, infection complication or disease, shall be forwarded by the operator to the Watertown Board of Health with a copy to the injured client within five working days of its occurrence or knowledge thereof.

The Injury and/or Complications Report must contain:

4. A copy of the Application, Disclosure, Health History and Informed Consent Form for Body Art Activity completed by the affected client or legal guardian of the affected client involved in the incident.
5. A copy of any medical history released to the body art establishment or body art practitioner.

Name of body art establishment involved: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of affected client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Nature of the injury, infection complication or disease:

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Name and Address of the affected client's health care provider, if any:

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\_\_\_\_\_  
Signature of person making report / Print Name

\_\_\_\_\_  
Date



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**EMERGENCY TELEPHONE NUMBERS**

<b>WATERTOWN POLICE</b>	<b>CALL</b>	<b>911</b>
<b>WATERTOWN FIRE</b>	<b>CALL</b>	<b>911</b>
<b>RESCUE</b>	<b>CALL</b>	<b>911</b>
<b>Complaints:</b>		
<b>WATERTOWN HEALTH DEPARTMENT    ADMINISTRATION BUILDING    149 MAIN STREET    WATERTOWN, MA 02472</b>	<b>CALL</b>	<b>(617) 972-6446</b>