

**GENERAL FACT SHEET**

12-64

**BILL NUMBER**

**BRIEF TITLE**  
Environmental Public Health

**APPROVAL DEADLINE**  
\_\_\_\_\_

**REASON**  
To update regulations to reflect the current state of practice.

Body Art Ordinance Update

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

|   |  |  |
|---|--|--|
| <p>Regulations specified for the operation of body art and piercing found in LMC 8.08 Body Art Establishments need to be updated to reflect changes in industry practice and to clarify provisions. Changes include: requiring at least one person with a practitioner permit to be present at all times the establishment is open; clarifying sink requirements; allowing autoclaved instruments to be used for up to 90 days from the date autoclaved; and changing a record keeping requirement.</p>   | <p>Sponsor</p>   | <p>Health Department</p>   |
|   | <p>Program Departments, or Groups Affected</p>         | <p>All automated departments<br/>Various Programs<br/>Environmental Public Health<br/>Regulated industry, businesses and entities</p>  |
|   | <p>Applicants/ Proponents</p>                          | <p>Applicant<br/><br/>Health Department<br/><br/>City Department<br/><br/>Health<br/><br/>Other<br/>Board of Health</p>  |
| <p><b>Discussion (Including Relationship to other Council Actions)</b><br/>The Health Department received a request from industry to update a specific provision in the body art ordinance. Staff reviewed the ordinance and determined that this change was acceptable and proposed additional minor updates. The proposed changes were then sent out to all body art practitioners and owners of body art establishments. A public meeting was held in late February to discuss these changes. Practitioners provided positive feedback and additional changes to improve the code. These changes were taken to the Board of Health in early May and received unanimous approval.</p> | <p>Opponents</p>                                       | <p>Groups or Individuals<br/><br/>None specifically identified<br/><br/>Basis of Opposition</p>  |
|   | <p>Staff Recommendations</p>                           | <p><input checked="" type="checkbox"/> For <input type="checkbox"/> Against<br/>Reason Against</p>   |
|   | <p>Board or Commission Recommendation</p>              | <p>BY: Board of Health<br/><input checked="" type="checkbox"/> For <input type="checkbox"/> Against<br/><input type="checkbox"/> No Action Taken<br/><input type="checkbox"/> For with revisions or conditions<br/>(See Details column for conditions)</p>   |
|   | <p>CITY COUNCIL ACTIONS<br/>(For Council Use Only)</p> | <p><input type="checkbox"/> Pass<br/><input type="checkbox"/> Pass (As Amended)<br/><input type="checkbox"/> Council Sub.<br/><input type="checkbox"/> Without Recommendation<br/><input type="checkbox"/> Hold<br/><input type="checkbox"/> Do not Pass</p> |

**DETAILS**

**POLICY/PROGRAM IMPACT**

|   |                                      |  |         |   |
|---|--------------------------------------|--|---------|---|
|   | <b>POLICY OR PROGRAM CHANGE</b>      | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>_____<br>_____<br>_____ |         |   |
|   | <b>OPERATIONAL IMPACT ASSESSMENT</b> | <u>None.</u><br>_____  |         |   |
|   | <b>FINANCES</b>                      |  |         |   |
|   | <b>COST AND REVENUE PROJECTIONS</b>  | COST of total project:   | \$      | 0 |
|   |                                      | COST of this Ordinance/<br>Resolution  | \$      | 0 |
| RELATED annual operating<br>Costs   |                                      | \$   | 0       |   |
|   | INCREASE REVENUE<br>EXPECTED/YEAR    | \$   | 0       |   |
| <b>SOURCE OF FUNDS</b>  | CITY [Approximately]                 |  |         |   |
|   | _____                                | \$   | _____ % |   |
|   | _____                                | \$   | _____ % |   |
|   | _____                                | \$   | _____ % |   |
|   | NON CITY [Approximately]             |  |         |   |
|   | _____                                | \$   | _____ % |   |
|   | _____                                | \$   | _____ % |   |
| <b>BENEFIT COST</b>   |                                      |  |         |   |
| <input type="checkbox"/> Front Foot<br><input type="checkbox"/> Square Foot |                                      | Average Assessment<br>\$ _____    \$ _____   |         |   |

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER