

**ALLEGANY COUNTY DEPARTMENT HEALTH
RECORD OF INDIVIDUAL TATTOOING/
BODY-PIERCING PROCEDURE**

Name of Patron _____

Address of Patron: _____

Date of Birth (See Note 1 below): _____

Documents reviewed to verify patron's age: minimum of 2 forms of valid identification required.
One must be from among items 1, 2, or 3.

1. Diver's License: State _____ Lic. No. _____

2. Sheriff's ID No. _____

3. Birth Certificate: Issuing Office _____ Cert. No. _____

4. Other (specify, e.g., credit card, passport, etc.) _____

Parent/Legal Guardian Consent Form (if required): Yes _____ Not Applicable _____

Date of tattooing and/or body-piercing procedure: _____

Tattoo design and/or nature of piercing: _____

Anatomical location of tattoo/piercing: _____

Name of tattooist/piercing artist: _____

Location of tattoo/body-piercing shop: _____

PLEASE NOTE:

1. It is illegal to tattoo a minor (person less than 18 years of age) in New York State. Body-piercing of a minor is authorized only upon written, notarized consent of at least one parent or legal guardian of said minor, who must file the same in person at the body-piercing shop, using Form F.
2. All records pertaining to a tattoo/body-piercing must be kept on file at the tattoo/body-piercing shop for a period of seven years from the date of the procedure. Copies of all required forms and instructions must be given to the patron or parent/legal guardian of a minor age child (body-piercings only), for them to keep.

Dated: _____

Signature of Tattoo/Body Piercing Artist

Signature of Patron, or:
Signature of Parent/Legal Guardian – Body-Piercings Only

**Allegany County Department of Health
Division of Environmental Health**

Tattoo/ Body-Piercing Information Sheet

Shop Name _____

Shop Address _____

Telephone _____

- A new sterile needle should be used for each tattoo or body-piercing. The sterile package containing this needle should be opened in front of you.
- There is a potential for an adverse physical reaction to the dyes used in the tattooing procedure. It is not possible for the tattooist or body-piercer to determine whether an allergic reaction to the jewelry, dyes or pigments, or processes used in tattooing or body-piercing will occur.
- Infection is always possible, particularly in the event that proper care of piercing is not taken.
- If you are in one of the following groups you may be at elevated risk of infection or illness due to tattooing or body-piercing:
 - (a) History of jaundice or hepatitis
 - (b) History of AIDS or positive HIV test
 - (c) History of blood donation exclusion
 - (d) History of skin disease or skin cancer at site of service
 - (e) History of allergic reaction to pigments, dyes, or other sensitivities
 - (f) History of hemophilia
 - (g) History of epilepsy
 - (h) History of heart condition
 - (i) History of diabetes
 - (j) Taking medications which thin the blood (e.g., anti-coagulants)
 - (k) Taking immunosuppressive medication (e.g., chemotherapy, steroid therapy)

In the event of an infection or illness associated with a tattooing or body-piercing procedure, contact a physician and notify the Allegany County Department of Health at 716-268-9250.

Signature of Patron, or:
Guardian -Body-Piercing Only

Printed Name of Patron, or:
Parent/Legal Guardian -Body-Piercings Only

**Allegany County Department of Health
Division of Environmental Health**

Tattoo Aftercare Instructions

- Keep tattoo covered for at least one hour, and no longer than eight hours.
- After removing bandage, wash tattoo and surrounding area with water and mild soap.
- If bandage sticks to your tattoo, soak it in cool water until it falls off.
- Rinse away all surface blood, plasma, ointment, and remaining soap.
- Always blot dry (i.e., do not rub) until tattoo is completely healed.
- Do not re-bandage the tattoo.
- Do not apply petroleum jelly.
- Do not apply alcohol, peroxide, or betadine.
- Do not rub, pick, or scratch your tattoo.
- Pat tattoo dry with a clean towel and apply a very thin layer of antibiotic ointment. Do this 3 to 4 times daily.
- Rub the antibiotic ointment in until it is dry.
- If ointment looks wet or greasy, pat dry with a paper towel.
- After 3 days, switch to a high-quality fragrance-free hand lotion. Do not overuse ointment. Keep skin moist, not wet.
- If a rash occurs or tattoo stays very sensitive, discontinue lotion, let tattoo dry out, and wash with an antibacterial soap and water 3 times per day.
- Do not expose to direct sunlight for two weeks.
- Do not swim in pools, lakes, rivers, etc. for ten days.
- Do not soak in tub or sauna for ten days.

In the event of an infection or illness associated with the tattoo, consult with your physician and please notify the Allegany County Department of Health at 716-268-9250.

**Allegany County Department of Health
Division of Environmental Health**

Aftercare Guidelines for Body-Piercings

- **Healing time** Ear, nostril, and septum piercings require approximately a two-month healing period. All other piercings require at least six months to be fully healed.
- **Exposure to bodily fluids** Until piercing is fully healed; avoid contact with bodily fluids of others (saliva, blood, semen, vaginal fluid). If exchange of bodily fluids is unavoidable, the use of latex barriers is strongly advised.
- **Tongue piercing** Immediately apply ice after piercing to control swelling. To prevent infection, avoid oral contact with others that involves the exchange of bodily fluids for at least six weeks.
- Remember to check piercing periodically to make sure jewelry is fastened. Tighten daily.
- Never rotate or play with your piercing when it is dry.
- Avoid swimming in unchlorinated bodies of water. Lakes, ponds, rivers, oceans and other natural bodies of water contain organisms that may infect an unhealed piercing. Chlorinated bodies of water can also contain organisms that can harm a new piercing.
- Avoid tight-fitting clothing that will irritate the piercing. Clean cotton clothing is recommended.
- Avoid use of artificial lubricants, oils, powders, or petroleum products, as they can interfere in the healing process.
- Protect eyebrow, ear, and nostril piercings during haircuts, as hair can be deposited in a new piercing and lead to infection.

Cleaning

- Touch piercings only very clean hands.
- New piercings should be cleaned thoroughly twice a day.

**Allegany County Department of Health
Division of Environmental Health**

Aftercare Guidelines for Body-piercings

- **Lip, tongue, cheek piercings.** Rinse with antiseptic mouthwash after eating or drinking. Use a carbamide peroxide solution (e.g., Gly-oxide or Peroxil) two or three times per day, followed by an antiseptic mouthwash. Wash outside of lip or labret piercings with a sterile gauze and antiseptic mouthwash.
- **All other piercings** should be washed with an anti-bacterial soap and cleaned with a pierced ear cleaning solution. For below-the-neck piercings, solution is recommended. If causes irritation, discontinue use.
- **Soaking of jewelry** Soak any dried matter off jewelry before turning it into the piercing.
- **Use of antibacterial ointments** Antibiotic ointments can be used if an Infection becomes apparent. Use of antibacterial ointment should be limited to ten days. If irritation or infection persists, consult your physician.
- **Discouraged** Hydrogen peroxide, witch hazel and alcohol are not recommended, as they are too harsh and may interfere with the healing process.

In case of infection

- If an itchy redness or a rash or a clear discharge occurs, you may be allergic to the jewelry or cleaning agent. Try changing agent or jewelry. Do not switch cleaning agents too often.
- If the piercing is sore, red, and oozing pus, it is infected and you should consult a physician. In the case of infection of a nostril or septum piercing, it is imperative to see a physician without delay since infections of the septum and nostril may be extremely serious.
- Do not remove the jewelry before consulting with a physician, since removal of the jewelry can cause infectious secretions to be trapped inside the body.
- If a painful lump develops, contact a physician.
- Notify the Allegany County Department of Health at (716) 268-9250 if an infection occurs.

**ALLEGANY COUNTY DEPARTMENT OF HEALTH CONSENT TO
TATTOOING/ BODY-PIERCING PROCEDURE**

I, _____, residing at _____
_____, in the City/Town of _____,
County of _____, State of _____, being 18
Years of age or older, do hereby consent to the administration upon me of a certain tattooing and/or
body-piercing procedure by _____, who is certified
as a tattoo/body-piercing artist by the Allegany County Department of health, more particularly
described in a record maintained by said tattooist/body-piercing artist said bearing the same date as
this consent, and do hereby acknowledge that I have received a written information sheet said
tattooist/ body-piercing artist concerning the risks involved with the procedure and its possible
complications, as well as written instructions concerning aftercare procedures, and have fully
reviewed and discussed the same with the tattooist/body-piercing artist.

Dated: _____

Signature of Patron

**ALLEGANY COUNTY DEPARTMENT OF HEALTH
CONSENT BY PARENT OR GUARDIAN
TO THE BODY-PIERCING OF A MINOR**

I, _____, residing at _____
_____, in the City/Town of _____,
County of _____, State of _____, do certify
that I am the parent/legal guardian of _____, a person
under 18 years of age. I hereby consent to the administration upon said minor of the following body-
piercing procedure: _____

To be performed by _____, a tattoo/body
Piercing artist certified by the Allegany County Department of Health and located at

_____. I do hereby acknowledge that I
have received and reviewed a written information sheet from the body-piercing artist concerning the
risks involved with the body-piercing and its possible complications, and have discussed the same
and have received from and discussed with the body-piercing artist written instructions concerning
aftercare procedures.

Signature of Parent/Legal Guardian

STATE OF NEW YORK COUNTY OF
ALLEGANY:

On _____, before me, the undersigned, personally appeared
_____, personally known to me or proved to me on the basis
of satisfactory evidence to be the individual whose name is subscribed to the within instrument and
acknowledged to me that executed the same in capacity, and that by signature on the instrument, the
individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

APPLICATION FOR A TATTOO/ BODY PIERCING SHOP CERTIFICATE OF SANITATION
PLEASE TYPE OR PRINT CLEARLY

(Submit at least 30 days prior to first day of operation)

Operation of a tattooing or body piercing shop without certification is a violation of Article V of the Sanitary Code of the Allegheny County Health District.

Instructions: Type or print the required information and return the completed application at least 30 days before the first day of operation or at least 15 days prior to the expiration of a current certification. False statements on this application may be cause for certification revocation.

A. Type of Application: New Renewal (Current Certification # _____)

B. Shop Type:

Tattoo Body Piercing Tattoo & Body Piercing
 Temporary Tattoo Temporary Body Piercing Temporary Tattoo & Body Piercing

C. Shop Information

Name _____

Street Location _____

City _____ Zip Code _____ Telephone No. _____

Water Supply A. Public Private B. Chlorinated Unchlorinated

Sewage System A. Public Private

D. Hours of Operation: Weekdays _____ to _____

Weekends _____ to _____

E. Owner/ Operator Information

Name _____

Street Location _____

City _____ Zip Code _____ Telephone No. _____

F Services Provided. Briefly describe all tattoo, permanent cosmetic, or piercing services to be provided:

G. Workers' Compensation

This is to certify, under penalties of perjury, that the above described operation has Workers' Compensation and disability benefits coverage when required by law or that the Workers' Compensation Board has issued Form C-105.21 stating that such coverage is not required.

Workers' Compensation Carrier _____ W.C. Policy No. _____ Expiration Date ____/____/____
mo day yr
Disability Benefits Carrier _____ D. B. Policy No. _____ Expiration Date ____/____/____
mo day yr
Date Form C-105.21 Issued ____/____/____
mo day yr

The applicant hereby agrees that the information contained herein is accurate.

Applicant Signature _____ mo day yr

Office Use Only

Plans Submitted Yes Date ____/____/____ No Not Applicable

Approved By _____

Certification issuance recommended No Yes Certificate No. _____

Effective date ____/____/____ Expiration date ____/____/____

Conditions of approval _____

Signature _____ Title _____ Date ____/____/____