



TOWN HALL
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INSPECTION SERVICES DEPARTMENT
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AMHERST HEALTH SAFETY AGREEMENT

(Body Arts Piercer's Agreement)

The Amherst Board of Health requires a signed agreement on record from each individual Body Arts/Piercing practitioner. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of his/her license. Please initial each numbered line as indicated to show that you have read and fully understand each point.

1. _____ I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.
2. _____ I agree that all needles will be pre-sterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.
3. _____ I agree that all forceps, tubes, etc. are to be pre-sterilized. If they are not used immediately, they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated and then sterilized in an autoclave.
4. _____ I agree that all reusable, non-sterilized implements, such as calipers, will be nonporous and disinfected after each use with an FDA-approved commercial hard surface disinfectant.
5. _____ I agree that as many supplies as possible including corks, rubber bands, toothpicks etc., should be pre-sterilized in an autoclave, and if not used immediately, stored in a clean, closed container and disposed of immediately after a single use. In addition all skin prep products will be single use, and will be disposed of after one use.
6. _____ I agree that a new pair of medical-grade (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance for cross contamination.
7. _____ I agree that the room used for piercings will be an enclosed room and used exclusively for piercing and jewelry insertion. This room must also be kept separate from the sterilization area. Piercing room, biohazard room, bathrooms and to the common areas, will be kept scrupulously clean and shall be disinfected frequently. All surfaces shall be nonporous, allowing them to be cleaned with an FDA-approved disinfectant solution throughout the day and whenever cross-contamination might occur.

8. _____ I agree that all jewelry for initial piercings will be autoclaved prior to insertion.

9. _____ I will use only appropriate jewelry in initial piercings. Appropriate jewelry is made of Surgical Implant grade Stainless Steel CRNMO 316 LVM ASTM F-138, solid 14 karat or higher white or yellow gold, Niobium (Nb), Surgical Implant grade Titanium Ti6A4V ELI, ASTM F-136, solid platinum, or a dense low porosity plastic such as Tygon or PTFE. Threaded jewelry for initial piercings must have internal tapping (no threads on posts) starting from 16 gauge. Jewelry must be free of nicks, scratches, burrs, and polishing compounds. Ring ends should be rounded.

10. _____ I agree that it is important to be open, available and not under the influence of legal or illegal substances which might compromise my abilities. I agree to maintain my certification in First Aid/CPR, and Blood borne pathogen training. I agree to meet or exceed all health, safety and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health and safety suggestions, as they become known to me and to make appropriate changes in my technique as applicable. I agree that it is the moral, ethical, and professional responsibility of all piercers to continue to seek out, absorb and share health and safety information relevant to the craft throughout the my career.

Please Print:

Establishment Name: _____

Address: _____

Business Phone: _____ Email: _____

Piercer's Name _____

Piercer's Signature

Date

Print Witness Name

Witness Signature

Date