



Body Art Variance Petition Application

Industry Services Division

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

PETITIONER NAME

NAME OF LEGAL LICENSEE (Sole Proprietor, Partnership, LLC, LLP, Inc., etc.):

LEGAL AGENT/REPRESENTATIVE FOR THE CORPORATION/COMPANY/PARTNERSHIP or SOLE PROPRIETOR MUST COMPLETE THIS FORM

(Petitioner must be the license owner/power of attorney for the owner of the state/agent license. Anyone else will VOID this petition):

AFFECTED ESTABLISHMENT NAME

AFFECTED ESTABLISHMENT LICENSE NUMBER

AFFECTED ESTABLISHMENT ADDRESS

CITY

STATE

ZIP

VARIANCE REQUEST INFORMATION

1. **Cite specific state administrative code reference being petitioned:**

2. **Subject/Issue (Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise):**

Example:

SPS 221.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. Many facilities in the industry prefer to use prepackaged sterile single use equipment for body art procedures. (Facility Name) believes that the intent of the code with respect to sterilization can be met by using prepackaged sterile single use equipment, instead of using an onsite autoclave.

Information provided by applicant:

- Which procedures will use prepackaged sterile single use equipment/supplies (e.g. tattooing, piercing, branding, etc.)
- Which specific equipment/supplies will be prepackaged sterile single use (e.g. tubes, needles, grips, etc.)
- What method is used to sterilize the prepackaged equipment/supplies (e.g. EO gas)
- Which equipment, if any, will still be sterilized onsite in an autoclave as required by code

3. **State the specific date when you wish this petition to be effective:**

4. **Subject/Issue (Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise):**

Example Justification: (Explain in detail why a variance is being requested. Clearly state why compliance with the code cannot be attained without a variance.) Explain the effect(s) of the modification/omission on public health or safety. State your proposed means and rationale of providing equivalent degree of protections. Include additional pages here if necessary:

***A variance request is required because SPS 221.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. The facility would like to use prepackaged sterile single use equipment instead of sterilizing reusable equipment.

Applicant will explain in detail why the use of disposable equipment *in their facility* is safe:

- Source and storage of prepackaged sterile single-use equipment
 - Invoices for purchased prepackaged sterile equipment must be maintained and available for inspection
 - Provide information on your sharps disposal containers including the size of the containers, the number of containers and procedures performed per month, and the sharps containers' disposal location (hospital, clinic, pharmacy, etc.)
 - Discuss the public health practices utilized for disposable equipment
- These items are NOT required for variance approval:
- Any Standard Operating Procedures (SOP's) in practice at the studio
 - Facility/ Operator in good standing with regulatory authority, no cleanliness or practice violations noted.
 - Any additional relevant training received by practitioners (e.g. bloodborne pathogens)

The burden of proof for convincing information is the responsibility of the submitter's. Attach all pertinent and representative photographs, sketches, relevant and current documentation, test reports, research articles, expert opinions, previously approved variances, testing certifications, manufacturers' required standards conformance, testimonials/approvals from regulatory officials, etc. specific for your request. If applicable, you must include the official's name(s), titles, agency and relationship to the issue along with their phone number(s) and e-mails. Failure to provide this information, relevant inclusions/requested information in a timely manner is automatically justification for this agency's denial of a petition. Make copies of all submittals. This information will not be returned and will be included in the state record.

Submit completed application and any supporting documentation to your local Agent Health Department if your local Health Department performs Body Art Inspections. If your local Health Department does not perform Body Art inspections, submit a completed application and any supporting documentation to DSPS at: DSPSTattooBodyArt@wisconsin.gov or Mail request to: DSPS Tattoo Body Art, PO Box 7190, Madison, WI 53707

***Final approval must come from DSPS**

The information contained herein is accurate and truthfully representative of the conditions and circumstances relevant to this petition for variance. I understand that any approval from DSPS can be conditional and defined for a limited period of time as experimental or trial only. I understand the consequences of misrepresentation and penalties of perjury and Wis. Stats. Chapter 463.18

SIGNATURE OF LEGAL AGENT / REPRESENTATIVE:

PRINT NAME:

LEGAL AGENT ADDRESS STREET

CITY

STATE

ZIP

LEGAL AGENT
PHONE

LEGAL AGENT CELL
PHONE

LEGAL AGENT FAX
NUMBER

LEGAL AGENT E-MAIL ADDRESS

AGENT HEALTH DEPARTMENT USE ONLY

ESTABLISHMENT NAME

NAME

TITLE

AGENCY/REGIONAL OFFICE

DATE

- Approve**
 Deny
 No Opinion

COMMENTS

OFFICIAL'S SIGNATURE

PRINTED NAME

DSPS OFFICE USE ONLY

DSPS DECISION: **Approved** **Denied**

DATE

Denial Reason

SIGNATURE

PRINTED NAME

NOTIFICATION DATE SENT