



**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):**

SPS173.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. Many facilities in the industry prefer to use pre-sterilized, disposable equipment for body art procedures. (Facility Name) believes that the intent of the code with respect to sterilization can be met by using pre-sterilized, disposable equipment, instead of using an onsite autoclave.

Information provided by applicant:

- Which procedures will use disposable equipment/supplies (e.g. tattooing, piercing, branding, etc.).
- Which specific equipment/supplies will be disposable (e.g. tubes, needles, grips, etc.).
- How is the prepackaged, pre-sterile equipment sterilized (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.)**

**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 DHS 173.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. The facility would like to use single-use, prepackaged, pre-sterilize, disposable equipment to instead of sterilizing reusable equipment.

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

- Source of disposable equipment
- Invoices must be maintained and available for inspection
- Sharps disposal- approved containers, size of containers, number of containers, number of procedures performed per month, disposal location (hospital, clinic, walgreens, etc)
- Storage of disposable equipment
- Discuss the public health practices of 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 document to DSPS at: [DSPSTattooBodyArt@wisconsin.gov](mailto: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 State Statute chapter 97.65(5)(b)(2) and 97.72. Personal information you provide may be used for purposes other than that for which it was originally collected. *Wis. Stat. § 15.04 (1)(m).*

SIGNATURE OF LEGAL AGENT/REPRESENTATIVE		PRINTED 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
<input type="checkbox"/> <b>Approve</b> <input type="checkbox"/> <b>Deny</b> <input type="checkbox"/> <b>No Opinion</b>	COMMENTS
OFFICIAL'S SIGNATURE	PRINTED NAME

DSPS OFFICE USE ONLY		
<b>DSPS DECISION:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>		DATE
<b>Denial Reason:</b>		
SIGNATURE	PRINTED NAME	NOTIFICATION DATE SENT

This institution is an equal opportunity employer.