Wisconsin Department of Safety and Professional Services

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DIVISION OF INDUSTRY SERVICES

Body Art Variance Petition

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

PETITIONER NAME			
NAME OF INDIVIDUAL OR ESTABLISHMENT SEEKING VARIANCE:			
AFFECTED ESTABLISHMENT NAME	AFFECTED ESTABLISHMENT LICENSE NUMBER		
AFFECTED ESTABLISHMENT ADDRESS	CITY	STATE	ZIP

VARIANCE REQUEST INFORMATION

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

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

3. **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 an equivalent degree of protection. Include additional pages here if necessary):**

Required Sterile Single Use Equipment Information:

A variance petition is required because SPS 221.14 (2) provides that all equipment requiring sterilization be sterilized in an onsite autoclave. The facility would like to use prepackaged sterile single use equipment instead of sterilizing reusable equipment. Applicant will explain why the use of disposable equipment in their facility is safe and provide the following information:

- *Whether the variance is for an individual or the establishment, if for the establishment, provide the practitioners' names and note if the establishment is only using prepackaged sterile single use equipment;*
- *Source and storage of prepackaged sterile single-use equipment;*
- *How they will maintain invoices for purchased prepackaged sterile equipment which must be available for inspection;*
- *The size, quantity and location(s) of the sharps container(s);*
- *An estimate of the number of procedures performed per month:*
- *The disposal location(s) of the filled sharps container(s) (hospital, clinic, pharmacy, etc.)*

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 53707-7190
***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. Ch. 463.18

SIGNATURE OF PETITIONER:	PRINT PETITIONER NAME:		
PETITIONER STREET ADDRESS	CITY	STATE	ZIP

PETITIONER PHONE	CELL PHONE	FAX NUMBER	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