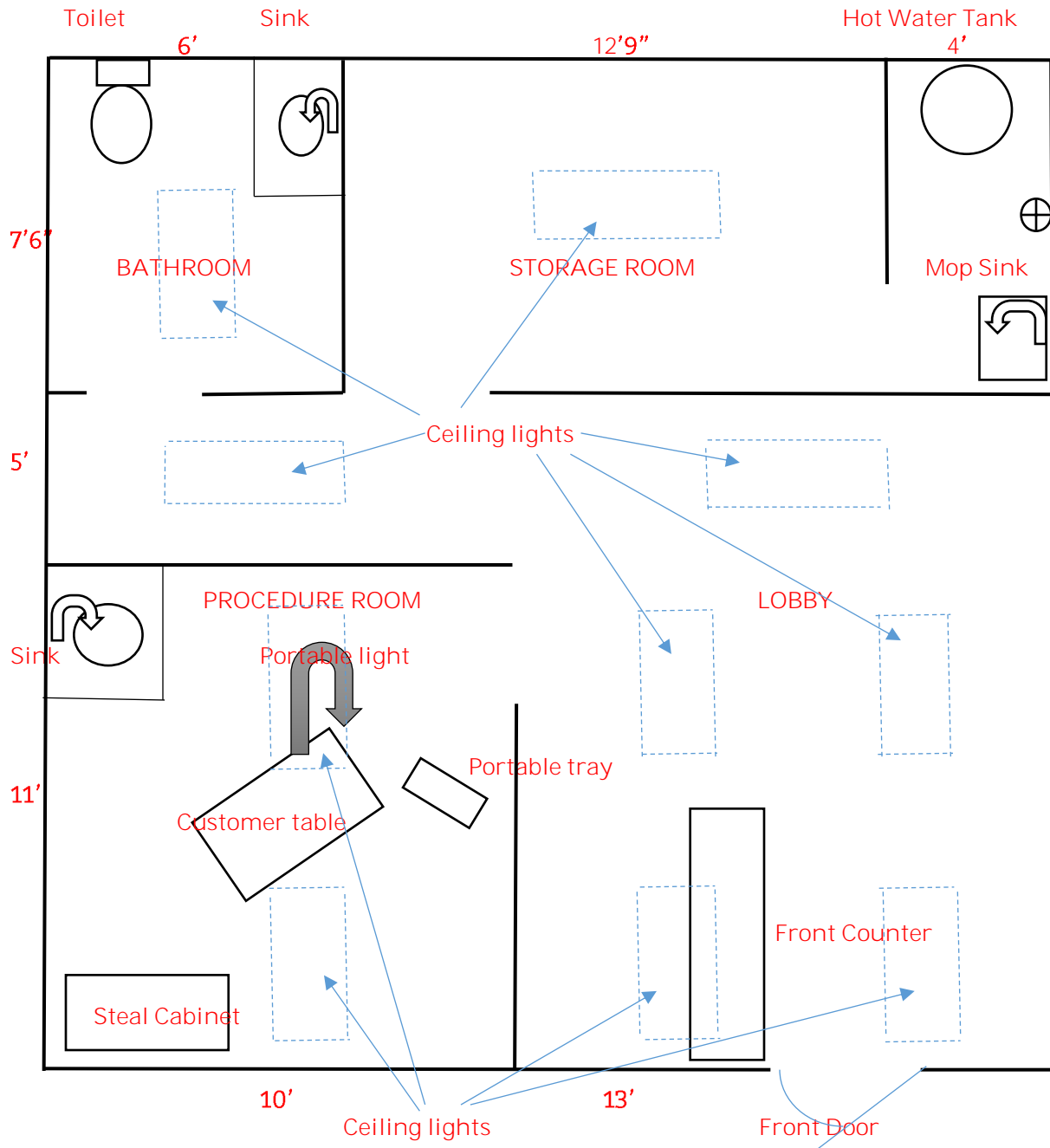


Floor Plan Diagram

(Template C)
Example Only



Drawing should include: floor plan of total area for the business, location of equipment, hand sink, toilet, other plumbing fixtures, exits, entrances, location of lights, auxiliary areas such as storage rooms, garbage rooms, restrooms, mop room, and sterilizing room. Label rooms, fixtures, equipment, and cabinets. Provide dimensions (measurements of rooms).

Additional Information

Indicate which material (quarry tile, painted concrete block, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Procedure Rooms	Commercial vinyl tile	4" rubber with coving (toe)	Epoxy painted drywall	Latex painted drywall
Restrooms	" "	" "	" "	" "
Storage Rooms	Concrete	" "	Cement Block	Epoxy Paint
Lounge	Carpet	None	Wood panel	Acoustical tile
Mop Room	Concrete	4" rubber with coving (toe)	Epoxy painted drywall	Latex painted drywall
Garbage Storage Room	Concrete	4" rubber with coving (toe)	Epoxy painted drywall	Latex painted drywall

Indicate the surface finish of the following items.

	Top	Sides	Legs
Tables	glass	Painted steel	Painted steel
Counters	Sealed wood	Sealed wood	NA
Cabinets	Painted metal	Painted metal	NA
Shelves	Sealed wood	Sealed wood	NA
Client table/chair	Vinyl	vinyl	Sealed wood
Artist chair/stool	Vinyl	Stainless steel	Stainless steel

Circle "YES" or "NO" to answer the questions below.

Will complete privacy be available upon a patron's request?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will lighting be at least 20 footcandles throughout the building?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will lighting be at least 40 footcandles where the body art procedure is performed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will a headlamp or articulating light be used?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will restrooms be available at all times to employees and customers within the building?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will there be any overhead exposed sewer pipe?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will there be a waste container with lids in each procedure room?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the facility use a public water system?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the facility use a municipal sewer connection?	<input type="radio"/> YES	<input checked="" type="radio"/> NO