

## HEALTH AND SAFETY AGREEMENT

The APP requires a signed agreement on record from each individual member. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of membership. 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. will 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 as many supplies as possible including corks, rubber bands, toothpicks etc., should be individually packaged and pre-sterilized in an autoclave and disposed of immediately after a single use. Skin prep products will be properly dispensed if acceptable based on the product or individually packaged and disposed of immediately after use.

5.\_\_\_\_ 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.

6.\_\_\_\_ 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 tool decontamination area. Piercing room, biohazard room, bathrooms and other 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.

7.\_\_\_\_ I agree that all jewelry for initial piercings will be autoclaved prior to insertion.

8.\_\_\_\_ I will use only appropriate jewelry for initial piercings as listed in the current APP minimum standard. I recognize that this standard may change periodically. I will be informed of any changes and will update my practices accordingly.

9.\_\_\_\_ 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 Bloodborne 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 my career. I also agree to adhere to the APP logo specification and guidelines.

Name (please print): \_\_\_\_\_

Studio Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_