

EQUIPMENT AND FINISH SCHEDULE

Complete this form and submit as part of your plans.

Name of facility: _____

Location of facility: _____

Location	Number of Sinks	Supplies
Workstation(s) # _____	Hand wash sink # _____	Permanently plumbed, hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Restroom(s) # _____	Hand wash sink # _____	Permanently plumbed, hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Decontamination & Sterilization Room	Bio sink (if sterilizing) Sterilizing: Y/N	Permanently plumbed, hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Decontamination & Sterilization Room	Hand wash sink (Recommended)	Permanently plumbed, hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.

Item	Location	Manufacturer	Model Number
Autoclave <i>(Provide specification sheets)</i>			
Ultrasonic Machine <i>(Provide specification sheets)</i>			
Tattoo/Perm. Cosmetic Machine <i>(Provide specification sheets showing backflow prevention)</i>		Manufacturer	Make and Model

List Disposable Instruments *(Tools/Tips/Grips/Tubes)*

Water Heater Manufacturer & Model Number	Size of Water Heater
Medical Waste Hauler/Disposal Company	Address

Item Description	Floor Type/Material <i>(Ex. Ceramic Tile)</i>	Wall Finish <i>(Ex. Semi-gloss sheetrock)</i>
Restroom		
Procedure Areas		
Decontamination & Sterilization Room		
Body Piercing Room		
Drawing/Stencil Area		
Reception and Waiting Area		

Item Description	Description of Material <i>(Ex. Vinyl)</i>
Practitioner Chair	
Client Chair	
Body Piercing Table	
Stool	
Arm Rest	
Mayo Trays	
Counters	
Storage Cabinets	
Lighting	
Other	