

FINISH SCHEDULE

Complete this form and submit as part of your plans.

Name of facility: _____

Location of facility: _____

Item Description	Location	Supplies
Handwash sink	Restroom	Hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Handwash sink	Procedure Area(s)	Hot and cold running water, containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Bio sink	Decontamination & Sterilization Room	Hot and cold running water, wall mounted containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.
Handwash sink	Decontamination & Sterilization Room (Recommended)	Hot and cold running water, wall mounted containerized liquid soap, and single-use paper towels from a wall mounted touchless dispenser.

Item	Location	Manufacturer	Model Number
Autoclave			
Ultrasonic Machine			

Water Heater Manufacturer & Model Number	Size of Water Heater

Item Description	Floors	Walls	Ceilings
Restroom			
Procedure Areas			
Decontamination & Sterilization Room			
Body Piercing Room			
Drawing/Stencil Area			
Reception and Waiting Area			

Item Description	Description of Material
Practitioner Chair	
Client Chair	
Body Piercing Table	
Stool	
Arm Rest	
Mayo Trays	
Counters	
Storage Cabinets	
Lighting	
Other	