

**Establishment Information**

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

\_\_\_\_\_  
List of Body Art Procedures Performed: \_\_\_\_\_

\_\_\_\_\_

\*Records must be accessible to the Springfield Department of Health & Human Services and kept for a **minimum of 3 years**

\*Inventory List (invoices, packing slips, etc.) available for all instruments, body jewelry, sharps, inks, etc. available for employees to access

\*Material Safety Data Sheets (MSDS) for inks & dyes available for employees to access

Does this establishment utilize an autoclave? \_\_\_ Yes \_\_\_ No

\*If yes, autoclave manufacturers' instructions and monthly autoclave spore destruction tests must be available for employees to access

\*Client Information to keep on record: name, date of birth, address, phone number, date of procedure(s), name of practitioner who performed procedure(s), description of procedure(s) and location(s) on the body, signed health history & consent form, and if under 18 years old- proof of parent/guardian identification, presence, and consent including copy of photo ID

**\*Client information shall be kept confidential at all times**

**Health Department Contact Information**

Springfield Department of Health & Human Services

311 State Street, Springfield, MA 01105

Phone: (413) 787-6740

Fax: (413) 787-6458

**Employee Information**

Employee 1 Name: \_\_\_\_\_

Employee 1 Address: \_\_\_\_\_

Employee 1 Phone Number: \_\_\_\_\_ Employee 1 Date of Birth: \_\_\_\_\_

Employee 1 Duties: \_\_\_\_\_

Employee 1 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 2 Name: \_\_\_\_\_

Employee 2 Address: \_\_\_\_\_

Employee 2 Phone Number: \_\_\_\_\_ Employee 2 Date of Birth: \_\_\_\_\_

Employee 2 Duties: \_\_\_\_\_

Employee 2 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 3 Name: \_\_\_\_\_

Employee 3 Address: \_\_\_\_\_

Employee 3 Phone Number: \_\_\_\_\_ Employee 3 Date of Birth: \_\_\_\_\_

Employee 3 Duties: \_\_\_\_\_

Employee 3 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 4 Name: \_\_\_\_\_

Employee 4 Address: \_\_\_\_\_

Employee 4 Phone Number: \_\_\_\_\_ Employee 4 Date of Birth: \_\_\_\_\_

Employee 4 Duties: \_\_\_\_\_

Employee 4 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 5 Name: \_\_\_\_\_

Employee 5 Address: \_\_\_\_\_

Employee 5 Phone Number: \_\_\_\_\_ Employee 5 Date of Birth: \_\_\_\_\_

Employee 5 Duties: \_\_\_\_\_

Employee 5 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 6 Name: \_\_\_\_\_

Employee 6 Address: \_\_\_\_\_

Employee 6 Phone Number: \_\_\_\_\_ Employee 6 Date of Birth: \_\_\_\_\_

Employee 6 Duties: \_\_\_\_\_

Employee 6 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 7 Name: \_\_\_\_\_

Employee 7 Address: \_\_\_\_\_

Employee 7 Phone Number: \_\_\_\_\_ Employee 7 Date of Birth: \_\_\_\_\_

Employee 7 Duties: \_\_\_\_\_

Employee 7 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 8 Name: \_\_\_\_\_

Employee 8 Address: \_\_\_\_\_

Employee 8 Phone Number: \_\_\_\_\_ Employee 8 Date of Birth: \_\_\_\_\_

Employee 8 Duties: \_\_\_\_\_

Employee 8 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 9 Name: \_\_\_\_\_

Employee 9 Address: \_\_\_\_\_

Employee 9 Phone Number: \_\_\_\_\_ Employee 9 Date of Birth: \_\_\_\_\_

Employee 9 Duties: \_\_\_\_\_

Employee 9 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 10 Name: \_\_\_\_\_

Employee 10 Address: \_\_\_\_\_

Employee 10 Phone Number: \_\_\_\_\_ Employee 10 Date of Birth: \_\_\_\_\_

Employee 10 Duties: \_\_\_\_\_

Employee 10 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 11 Name: \_\_\_\_\_

Employee 11 Address: \_\_\_\_\_

Employee 11 Phone Number: \_\_\_\_\_ Employee 11 Date of Birth: \_\_\_\_\_

Employee 11 Duties: \_\_\_\_\_

Employee 11 Hepatitis B Vaccination Status: \_\_\_\_\_

Employee 12 Name: \_\_\_\_\_

Employee 12 Address: \_\_\_\_\_

Employee 12 Phone Number: \_\_\_\_\_ Employee 12 Date of Birth: \_\_\_\_\_

Employee 12 Duties: \_\_\_\_\_

Employee 12 Hepatitis B Vaccination Status: \_\_\_\_\_