Jasper County Health Department

910 South Sparling Avenue, Suite 1

Rensselaer, Indiana 47978

**Tattoo and Body Piercing Equipment Form**

Please check which method your facility uses in regards to Tattoo and Body Piercing equipment, then sign and date where indicated. **THE JASPER COUNTY HEALTH DEPARTMENT MUST BE NOTIFIED ABOUT CHANGES.**

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

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

\_\_\_ This facility uses only pre-sterilized, disposable equipment. Receipts must verify that all equipment has been properly sterilized and copies must be kept at the facility for review.

**There must not be any expired or non-disposable equipment present in the establishment.**

If this facility changes methods, the Jasper County Health Department must be notified and given a recent negative spore test result for the sterilization equipment that will be used.

Operator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ This facility uses sterilization equipment to sterilize all non-disposable equipment. Monthly spore tests must be run and the results must be submitted to the Jasper County Health Department by the 21st of the following month.

If this facility changes methods, the Jasper County Health Department must be notified. All sterilization and non-disposable equipment must be removed from the facility.

|  |  |  |
| --- | --- | --- |
|  | Make/Model | Serial Number |
| Unit 1 |  |  |
| Unit 2 |  |  |
| Unit 3 |  |  |

Operator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Make/Model | Serial Number |
|  |  |  |