## **BOONE COUNTY HEALTH DEPARTMENT**

116 W. WASHINGTON STREET - LEBANON, IN 46052 www.boonecounty.in.gov

ENVIRONMENTAL DIVISION SUITE B201 (765) 483-4458 (765) 483-5243 FAX



Nursing & Vital Records Division Suite B202 (765) 482-3942 (765) 483-4450 Fax

## **Tattoo and/or Body Piercing Equipment Form**

Please check which method your facility uses in regards to tattoo and/or body piercing equipment, then sign and date where indicated. THE BOONE COUNTY HEALTH DEPARTMENT MUST BE NOTIFIED ABOUT ANY CHANGES.

| Establishment Name:   |
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|   |
| 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 Boone 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 Boone County Health Department by the 21 <sup>st</sup> of the following month.  If this facility changes methods, the Boone 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:   |
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