



# KENT HEALTH DEPARTMENT

414 E. MAIN ST., KENT, OHIO 44240 (330) 678-8109 FAX (330) 678-2082

## STATEMENT ATTESTING TO THE TRAINING OF AN EMPLOYEE TO PREFORM BODY ART

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employee Name: \_\_\_\_\_ Tattoo \_\_\_\_\_ Piercing \_\_\_\_\_

Certificate of training: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Apprenticeships: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Total Years Experience: \_\_\_\_\_

### REQUIRED HEALTH AND SAFETY TRAINING:

First Aid:

\_\_\_\_\_ Date(s) of Training \_\_\_\_\_ Training Agency

Bloodborne Pathogens:

\_\_\_\_\_ Date(s) of Training \_\_\_\_\_ Training Agency

Aftercare:

\_\_\_\_\_ Date(s) of Training \_\_\_\_\_ Training Agency

Sanitation & Safety:

\_\_\_\_\_ Date(s) of Training \_\_\_\_\_ Training Agency

Employee: \_\_\_\_\_  
Signature Date

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