

# TOWN OF NORTON

Commonwealth of Massachusetts

## Board of Health

70 East Main Street Norton, MA 02766

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### Body Art Establishment Application

Permit #: \_\_\_\_\_

Fee: \$200.00

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

Establishment Address: \_\_\_\_\_ Hrs./days of Operation: \_\_\_\_\_

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

Establishment Phone: \_\_\_\_\_ 24 hour emergency: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Social Security or Federal Id Number: \_\_\_\_\_

\_\_\_\_\_ A complete description of all body art procedures to be preformed.

\_\_\_\_\_ Inventory of all instruments and body jewelry, autoclave, sharps, and all inks used including names of manufactures and serial or lot numbers. (Invoices or packing slips will satisfy this requirement).

\_\_\_\_\_ Material safety data sheet for all inks and dyes used.

\_\_\_\_\_ Name of waste hauler (waste hauler manifests to be submitted after pick-up).

\_\_\_\_\_ Commercial biological monitoring tests.

\_\_\_\_\_ Copy of the exposure incident report (must be submitted upon every incident).

\_\_\_\_\_ Copy of application for clients (must include Name, age with valid photo identification, address, date of procedure, name of practitioner who performed the procedure(s) description of procedure(s) and location on the body).

\_\_\_\_\_ Copy of consent form as specified in chapter 20 of the Norton BOH regulations.

\_\_\_\_\_ Copy of disclosure statement.

\_\_\_\_\_ Floor plan showing location of all units in establishment.

\_\_\_\_\_ Copy of pest control.

\_\_\_\_\_ Copy of exposure control plan.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\*\*\*\*\*By signing this application you agree that Chapter 21, Norton Board of Health, Rules and Regulations have been supplied to you and you have read and understand them.