

**PIERCER/OPERATOR RECORD**

(Please **PRINT** all information **IN INK**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist salons in complying with the record-keeping requirements of Chapter 64E-19, FAC.

Name: \_\_\_\_\_  
  (Last)    (First)    (Middle)

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

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

- Piercer/operator records must be kept for at least two (2) years after a person’s employment ends.