



**Return to:**  
\_\_\_\_\_  
County Health Department  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Body Piercing Salon Injury Report

Pursuant to Chapter 64E-19, Florida Administrative Code, and section 381.0075, Florida Statutes, any injury or complaint of injury, suspected infections that required treatment by a licensed practitioner, or any notifiable diseases resulting from the body-piercing procedure that become known to the operator shall be reported to the local county health department by the operator on this form within 72 hours of the operator becoming aware of the complaint or condition.

\_\_\_\_\_  
Name of Salon

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Street Address of Salon

\_\_\_\_\_  
County

\_\_\_\_\_  
Mailing Address of Salon

\_\_\_\_\_  
Date and Time of Injury

\_\_\_\_\_  
Salon Telephone Number

\_\_\_\_\_  
Licensee

Complainant: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Mailing Address of Complainant:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Name of Person(s) Involved in Incident: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Report (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date