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.