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## STATEMENTS ATTESTING TO THE TRAINING OF A PERSON EMPLOYED TO DO TATTOOING AND/OR BODY PIERCING

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

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

Employee Name: \_\_\_\_\_  TATTOO  PIERCING

Certificate of Training: 1. \_\_\_\_\_  TATTOO  PIERCING

2. \_\_\_\_\_  TATTOO  PIERCING

3. \_\_\_\_\_  TATTOO  PIERCING

Apprenticeships: 1. \_\_\_\_\_  TATTOO  PIERCING

2. \_\_\_\_\_  TATTOO  PIERCING

3. \_\_\_\_\_  TATTOO  PIERCING

Years of Experience: Tattooing \_\_\_\_\_ Piercing \_\_\_\_\_

### REQUIRED HEALTH AND SAFETY TRAINING:

First Aid: \_\_\_\_\_  
Date(s) of Training Training Agency

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

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

Sanitation & Safety: \_\_\_\_\_  
Date(s) of Training Training Agency

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

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