



## Body Piercing Salon Stop Use Order

|                                   |   |
|-----------------------------------|---|
| _____<br>Name of Salon            | _____<br>License Number                         |
| _____<br>Street Address of Salon  | _____<br>County                                 |
| _____<br>Mailing Address of Salon | _____<br>Date and Time of Stop Use Order Issued |
| _____<br>Salon Telephone Number   | _____<br>Licensee                               |

You are hereby notified to immediately withdraw from use the following:

| Articles | Brand | Identification No. | Manufacturer | Quantity |
|----------|-------|--------------------|--------------|----------|
| _____    | _____ | _____              | _____        | _____    |
| _____    | _____ | _____              | _____        | _____    |
| _____    | _____ | _____              | _____        | _____    |

The following action(s) is directed:

- 1. The above piece(s) of equipment is to be removed from use. The equipment is not being operated in accordance with the requirements of Chapter 64E-19, Florida Administrative Code (F.A.C.), and/or section 381.0075, Florida Statutes.
- 2. The following particular procedures shall cease: \_\_\_\_\_ . The equipment is not being operated in accordance with the requirements of Chapter 64E-19, Florida Administrative Code (F.A.C.), and/or section 381.0075, Florida Statutes.

Reason for Withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Penalty for Noncompliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |                    |
|--|--------------------|
| _____<br>County Health Department Official | _____<br>Telephone |
| _____<br>Copy of Report Received By        | _____<br>Date      |