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: ____________________________________________________

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