

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.