



Town of Ashland

MASSACHUSETTS

Board of Health
101 Main Street
Ashland, MA 01721
Phone 508-881-0100, Ext. 7922
Fax 508-881-0102

Tanning Facility Application

Date: _____

Fee: _____

Name of Establishment: _____

Address: _____

Ashland, MA. 01721

Telephone Number: () _____

Tanning Device Supplier

Name: _____

Address: _____ Town: _____

Tanning Device Installer

Name: _____

Address: _____ Town: _____

Tanning Device Service Agent

Name: _____

Address: _____ Town: _____

Tanning Device # 1

Type of device (bed/stand up etc): _____

Manufacturer: _____

Model Number: _____

Model Year: _____

Serial Number: _____

Location of timer(s) (operator to have full control of timer) _____

Ultraviolet lamp type: _____

Exposure Schedule: _____

Tanning Device # 2

Type of device (bed/stand up etc): _____

Manufacturer: _____

Model Number: _____

Model Year: _____

Serial Number: _____

Location of timer(s) (operator to have full control of timer) _____

Ultraviolet lamp type: _____

Exposure Schedule: _____

Note: If additional tanning device are used please list information on a separate piece of paper.

Certification of tanning facility trained, applicant, and/or operator

I have read and understand the requirements of 105 CMR 123.000 (tanning facilities) and acknowledge receipt of these regulations.

Signature

Date



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Tanning Facility Information to be submitted with Application each year even if the information does not change:

- 1) Copy of consent form to be used by Tanning Facility in fulfilling the requirements of 105 CMR 123.003 D (2) & (3).
- 2) Copy of operating and safety procedures to be followed in the operation of the tanning facility and tanning devices.
- 3) Information on disinfectant(s) used to disinfect eye wear and tanning devices.
- 4) Towel service to be provided. If cloth, the mechanism for washing and sanitizing.
- 5) Copy of consent form utilized by tanning facility that provides warning information to customer.
- 6) Copy of the chart used by Tanning facility to record customers tanning visits and exposure time at each tanning visit.
- 7) List of trained tanning facility operators. A trained operator must be present at the tanning facility at all times during operating hours.
- 8) Signed and dated certification that the owner(s), operator(s) has received, read and understands the requirements of 105 CMR 123.00. Certification form attached.