

Putnam County Department of Health



Application Checklist for Tanning Facility Operators

Include this checklist as a cover page when applying for a permit to operate a tanning facility with the Putnam County Department of Health. All items on this form are required.

Facility Name: _____

Facility Address: _____

County: _____

Name of Operator: _____

Please check and submit the following three items.

- _____ Application for a Permit to Operate (DOH-3915) including Worker's Compensation and Disability Insurance documentation
- _____ Tanning Facility Program Fee Determination Schedule (DOH 4494)
- _____ Certified Check or Money Order only, payable to the Putnam County Department of Health

Please check each item below to indicate that your tanning facility is compliant with Subpart 72-1 of Title 10 New York Codes, Rules and Regulations.

- _____ Warning sign (located within 3 feet of each UV device)
- _____ Tanning Hazards Information Sheet (provided to all patrons)
- _____ Statement of Acknowledgement Form (signed and maintained on site for all patrons 18 years of age or older)
- _____ Parental Consent Form (signed and maintained on site for all patrons 17 years of age)
- _____ Required FDA labels provided on all approved UV devices (21 CFR 1040.20)
- _____ Remote timer controls or lockout equipment provided for all UV devices

Operator Signature: _____

Mailing address, forms and program materials can be found on the New York State Department of Health web page. <http://www.health.ny.gov/environmental/indoors/tanning/>