

Office of Environmental Health
Indoor Tanning Program

TANNING OPERATOR LIST

Registration No. _____-T-_____

This is to certify that I/we have read and thoroughly understand the following:

- Title 15 - Mississippi Department of Health, Part 14 – General Sanitation, Subpart 70 – General Sanitation Regulations, CHAPTER 6 -- REGULATIONS FOR TANNING FACILITIES;
- Manufacturer’s procedure for operation and maintenance of tanning equipment; and
- Manufacturer’s emergency procedures in case of injury

I/we are the trained operators for the facility located at:

Facility Name	
Address	
City, State ZIP	
Phone	()

Operator

Operator

Operator

Owner

Date

Mail this form to the Office of Environmental Health at the address below.

570 East Woodrow Wilson, Suite O-300
Jackson, Mississippi 39215

Retain a copy for your records.