



Town of Hull

HEALTH DEPARTMENT

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

Fee \$50.00

**Application and
Inspection Form for Tanning Facilities
In accordance with MGL111, Section 207-214**

Name of Business: _____

Business Address: _____

Person in Charge: _____

Number of Tanning Devices: _____

THIS SECTION TO BE COMPLETED BY HEALTH INSPECTOR

	Yes	No
Customers given a written statement of warning?
Notice meets wording as required?.....
Knowledgeable operator present?.....
Maximum temperature 100 F in tanning facility?.....
Accurate timer +/- 10%.....
Customers use protective eyewear?.....
Written consent for patrons 14-17 years of age?.....
No patrons under 14 years of age without parent or guardian?.....
No material claiming use of tanning device is safe and free from risk?.....

You have seven days after receipt of this notice to correct any violations noted above. The Board of Health may revoke the license of a tanning facility, which fails to comply after said seven days (MGL111 s208) or may impose a fine of \$200 to \$2000.00. If you are aggrieved by a determination of the Board you may appeal to the Department of Public Health within twenty days of said determination.

Inspector

Inspection Date

Person in Charge