



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, 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.

_____ Required FDA labels provided on all approved UV devices (21 CFR 1040.20)

_____ Remote timer controls 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/>

For more information visit: www.putnamcountyny.gov