



## BOARD OF HEALTH

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### Tanning Device Information and Specification Form

*Complete this form for EACH tanning device used in your facility. Photocopy this form as needed.*

<b>Manufacturer</b>	
<b>Model Number</b>	
<b>Model Year</b>	
<b>Serial Number (if available)</b>	
<b>Type of Lamp</b>	
<b>Manufacturer's Maximum Exposure Time</b>	
<b>Tanning Device Supplier</b>	
<b>Tanning Device Installer (if different)</b>	
<b>Date of Installation</b>	
<b>Tanning Device Service Agent</b>	
<b>Signature of Operator</b>	
<b>Title</b>	
<b>Date</b>	

*Please note that Massachusetts requires all tanning devices to comply with 21 CFR 1040.20, "Sunlamp products and ultraviolet lamps intended for use in sunlamp products."*