



# 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."*