



Employee Information

(Complete a separate sheet for each individual owner and employee – you may copy this sheet as needed)

Personal

Business

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

REQUIRED Evidence of Training

(You must provide documented evidence of training for the following items – attach each document to this sheet)

- ✕ First Aid
- ✕ Body Piercing (if applicable)
- ✕ Tattooing (if applicable)
- ✕ Infectious Diseases
- ✕ Bloodborne Pathogens
- ✕ Written infection prevention and control plan
- ✕ Aftercare

Employee Signature _____

Date _____