



# 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