



BODY ART PRACTITIONER NOTICE OF SEPARATION FORM

NOTICE

TO: Alameda County Department of Environmental Health

RE: PRACTITIONER SEPARATION FROM BODY ART FACILITY

This is to notify Alameda County Department of Environmental Health that the following body art practitioner(s) is/are no longer working at this facility and is/are no longer an employee(s) at this location.

NAME OF PRACTITIONER (PRINT): _____

DATE OF SEPARATION: _____
 (mm/dd/yyyy)

NAME OF PRACTITIONER (PRINT): _____

DATE OF SEPARATION: _____
 (mm/dd/yyyy)

FACILITY OWNER'S SIGNATURE: _____ DATE: _____
 (mm/dd/yyyy)

PRINT NAME / TITLE: _____

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FACILITY EMAIL ADDRESS: _____ FACILITY PHONE NUMBER: _____

FOR OFFICIAL USE ONLY

FA# _____

PR# _____

ENVIRONMENTAL HEALTH SPECIALIST: _____

APPROVED NOT APPROVED

DATE: _____
 (mm/dd/yyyy)