

RECORD of TRAINING

(For employees that handle tanning customers)

I CERTIFY THAT I HAVE BEEN TRAINED IN THE FOLLOWING:

1. The District of Columbia Tanning Facility Regulations (Title 25-F of the DCMR);
2. The operation and maintenance of equipment and safety aids;
3. The need and use of protective eyewear;
4. UV radiation and its effect on skin and eyes, maximum allowable times of exposure, and determination of human skin types as it relates to the FDA exposure schedule;
5. Recognition of over-exposure or similar injury; and
6. Emergency procedures in the event of over-exposure and/or injury.

I am aware that the Department of Health may suspend or revoke the facility's license for making any false statements regarding this training.

Name of Trainee:	
Signature of Trainee:	
Name of Training Program (Recognized by the Tanning Industry)	
Printed Name & Signature of Trainer:	
Date of Training:	