

**SAN DIEGO STATE UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY DEPARTMENT
BODY ART HEALTH PERMIT APPLICATION FORM**

This permit application must be completed and submitted to Environmental Health and Safety (Hardy Tower 57, MC 1243, FAX x41858) including any additional requested information at least two weeks prior to the event. Once approved, a permit will be issued. Changes cannot be made without approval by an EHS Officer.

Department/Organization Name: _____ Event Coordinator: _____ Phone #: _____
Company: _____ Phone #: _____ Artist: _____ Phone #: _____

Event Name: _____ Event Date(s): _____ Event Approval System (EAS) #: _____
Event Description: Fundraising Event High School Conference Aztec Nights Green Fest Greek Week
 Farmer's Market Sporting Event Concerts/Shows Other: _____

Event Type: Private i.e. Members only; by invitation only
 Public i.e. Open to anyone on campus

Body Art Provided to: Anyone Members only Invitees only Ticket Holder

Type of Temporary Body Art: Temporary Tattoo Face Painting Colored Powder Tie-Dye

Location: Open Air Theater Walkway Campanile Walkway Centennial Walkway Aztec Student Union [@ Montezuma Hall Theatre Courtyard Other: _____] President Black's Quad Scripps Cottage
 Sports Field _____ Other: _____

Location: Campanile Walkway Centennial Walkway Aztec Student Union [@ Montezuma Hall Theatre Courtyard Other: _____] President Black's Quad Scripps Cottage Sports Field _____

Service Time: _____ End of Service Time: _____

Include the following documents (**for body art artists only**):

- Business Permit
- Copy of signage to be displayed during event indicating ingredients to consumers

Include the following documents (**for body art and other colored chemicals**):

- Safety Data Sheets of Ingredients
- Picture of product labels

List all ingredients:

INGREDIENTS	MANUFACTURER

Safe and Sanitary Procedures and/or Protection including disposal procedures of sharps wastes: _____

This is to certify that the information provided is true and correct. Trained professionals will be present at the event and will comply with the FDA requirements enforced by the Environmental Health and Safety Department. I understand that non-compliance with the requirements can result in immediate closure, loss of future privileges and disciplinary action.

Event Coordinator Signature: _____ Date: _____

Permit Issued: Yes Incomplete Submission Not Required

EHS Signature: _____ Date: _____