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: ___________________________ Phone #: ______ 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: ___________________________

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:

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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: ________________

Rev. 08/15

EHS, SDSU