



CITY OF HARTFORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES

2 Holcomb Street
Hartford, Connecticut 06112
Telephone: (860) 543-8860
Fax: (860) 722-6851
www.hartford.gov

EDDIE A. PEREZ
Mayor

CARLOS RIVERA
Director

REPORT OF INFECTION FROM BODY ARTS PROCEDURE

Business Name _____ Permit # _____

Address _____ Telephone # _____

Name of Artist _____ # _____ Telephone # _____

Client Name _____ Telephone # _____

Client Address _____

Date of procedure _____ Date infection reported _____

Type and Location of Procedure _____

Describe Infection as Reported by Client _____

Recommendation to Client _____

SIGNATURE OF OWNER _____ DATE _____

A COPY OF THE INFECTION RECORD MUST BE MAILED OR FAXED TO THE DIRECTOR OF HEALTH WITHIN FIVE WORKING DAYS, AND MUST BE KEPT AS PART OF THE ESTABLISHMENT FOR TWO YEARS FROM THE DATE OF THE INFECTION REPORT.

Mail To:

**Environmental Health Division
Health and Human Services Department
131 Coventry Street
Hartford, CT 06112
Fax (860) 543-8898**

For Health and Human Services Department use only:

Date reported to Health and Human Services Department _____

Name of HHS employee receiving information _____