ACTON BOARD OF HEALTH

Douglas Halley
Health Director

472 Main Street
Acton, MA 01720

Telephone 978-929-6632
Fax 978-929-6840

July 5, 2012

TO: Board of Health

FROM: Sheryl Ball

RE: Body Art Practitioner Recommendation

The Health Department is in receipt of an application for a body art practitioner from Daniel Brown. Mr. Brown will be working at the Kings Ink located at 136 Main Street, Acton. Mr. Brown has submitted all necessary paperwork and this department recommends approval of this request.

July 9th
BOH
7:30 pm

Pck # 1007
$165

TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

Fee $165

Application
Body Art Practitioner

Name: DANIEL BROWN

Date of Birth: 10/21/1987

Address: 15 BRIDLE PATH W. TOWNSEND, MA 01474

Mailing Address (if different):

Phone Number: 978-846-2278

Training: CPR/AED, First AID, Skin & Anatomy
Additional anatomy course, BLOODBOURNE PATHOGEN

Education: (Please attach any diplomas or certifications) College level Anatomy

Places of Employment as a Practitioner: (Please include copies of other licenses if within MA)
TROPHY LIFE TATTOO,

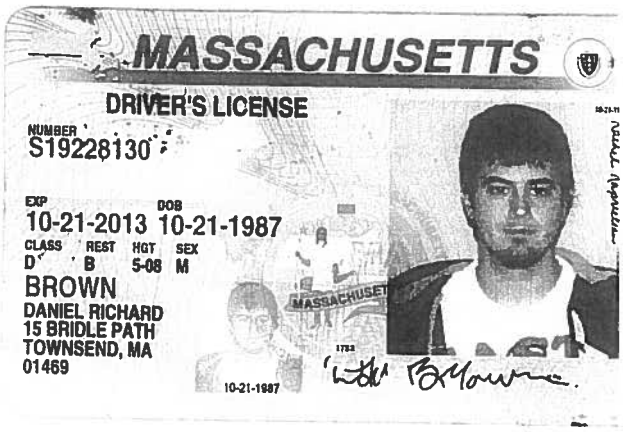
Have you ever been convicted of a felony? NO

Name of intended business: KINGS INK

Other practitioners working on site: STEVE KING

In addition, the applicant shall provide the following:

- Certification from physician that applicant is free of communicable disease.
- Documentation that training has been received as required in Article 17-10 (E)



MASSACHUSETTS

DRIVER'S LICENSE

NUMBER
S19228130

EXP 10-21-2013
DOB 10-21-1987

CLASS	REST	HGT	SEX
D	B	5-08	M

BROWN
DANIEL RICHARD
15 BRIDLE PATH
TOWNSEND, MA
01469

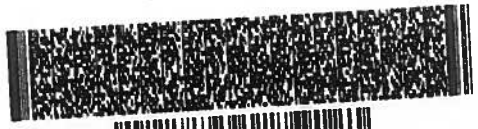
10-21-1987

Class - D: Single or combination vehicle, not Class A, B, or C

10-21-1987

Restrictions -
B: Corrective lenses

www.mass.gov/rmv
MA 10-22-2008



2400114158540010 1

Place change of address label here

Ayer Board of Health
1 Main Street
Ayer, Ma 01432

Number 005 **Fee $175.00**

This is to certify that: **Dan Brown**
Located at: **32 Main Street – Trophy Life**

IS HERBY GRANTED A PERMIT
AS A TATTOO ART PRACTICIONER

The permit is granted in conformity with the Tattoo regulations/ordinances relating thereto, and March 15, 2013, unless sooner suspended or revoked.

Date of Issue: March 15, 2012

Marilyn McMillian
Margaret Kidder
Mary Spinner

Ayer Board of Health

Bloodborne Pathogens

ProTrainings hereby certifies that

DAN BROWN

has successfully completed Bloodborne Pathogens Training consistent with OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030

This course includes the following objectives and is consistent with OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030

- Universal Precautions
- Identification of pathogens of primary concern
- Ways pathogens can enter the body
- Use of personal protective equipment
- Importance of handwashing
- Work practices that help eliminate or reduce exposure risks
- Procedures if an exposure occurs

Date Issued: 03/13/2012 **Renewal Date:** 03/13/2013

Certificate Number: 133166960032

Instructor: ROY W. SHAW Roy W. Shaw

ProTrainings 5005 Plainfield Ave., NE Suite B Grand Rapids, MI 49525 1-888-406-7487 support@protrainings.com www.probloodborne.com

SKIN COURSE FOR THE BODY ARTIST

Quincy Health Department

In recognition of satisfactory performance and completion of this program, this certificate is presented to:

DAN BROWN

Ruth Jones
BSN, RN, BC, CP-FS

Instructor

Date

First Aid Basic

ProTrainings hereby certifies that

DAN BROWN

has successfully completed Adult CPR, AED, and First Aid Certification for Lay Rescuers following the National Cognitive Evaluation in accordance with the ProTrainings curriculum and the American Heart Association® guidelines

This Certification includes the following objectives and is consistent with national consensus 2010 ECC/ILCOR and American Heart Association® Guidelines.

- Adult CPR
- AED
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Heart Attack
- Choking, Conscious and Unconscious
- Universal Precautions
- Diabetic Emergencies
- Stroke
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies

Date Issued: 05/02/2012 **Renewal Date:** 05/02/2014

Certificate Number: 133596478660

Instructor: ROY W. SHAW Roy W. Shaw

ProTrainings 5005 Plainfield Ave., NE Suite B Grand Rapids, MI 49525 1-888-406-7487 support@protrainings.com basic.profirstaid.com

American Red Cross

This recognizes that
Daniel Brown
has completed the requirements for
CPR-Adult
conducted by
CMC - Leominster, MA
Date completed: **06/01/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

redcross.org

Instructor's Signature

Chapter

Holder's Signature

Stock No. 656793

American Red Cross

This recognizes that
Daniel Brown
has completed the requirements for
AED-Adult
conducted by
CMC - Leominster, MA
Date completed: **06/01/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

redcross.org

Instructor's Signature

Chapter

Holder's Signature

Stock No. 656796

Universal Class, Inc. Presents...

Certificate of Course Completion

Awarded To

Dan Brown

for successfully completing the online class

Anatomy and Physiology 101

Start Date	10/20/2011
End Date	12/20/2011
Lessons Completed	17
Assignments Submitted	15
Exams Taken	17
Surveys Processed	4
Polls Voted	1
Days Visited	8
Final Grade	94%
CEUs Awarded	1.6

AUTHORIZED IACET PROVIDER

Certificate of Course Completion Since 1999

Serial No. 592/[illegible]

603

HAWTHORNE BROOK MIDDLE SCHOOL
64 Brookline Road
Townsend, MA 01469
Phone: (978) 597-6914/ Fax: (978) 597-5261

TO: Parents/ Guardians of Grade 6 Students

FROM: Erin Butler, RN, School Nurse

DATE: June 9, 2000

RE: Grade 7 Immunization Requirements for Entrance
Student Daniel Brown

Having just completed the Hepatitis B series through our school clinic, your child's immunization status is noted below:

_____ Immunizations are up-to-date and your child has met the grade 7 requirements for entrance.

_____ Your child continues to need the following immunization information prior to grade 7 entrance:

_____ 1 dose of varicella or physician-certified reliable history of chickenpox disease.

_____ 2nd dose of Measles vaccine (usually given as MMR).

_✓_ 1 booster dose of Td (if it is ≥ 5 years since the last dose).
-Last dose on record: 11/92

Please contact your child's physician as soon as possible to update his/her immunizations. Immunization updates and physician certified proof of chicken pox should be sent to the Nurse's Office at the school as soon as available. **Students who do not have their immunizations complete before September 15, 2000 will be excluded from school.** Please do not hesitate to contact me with any questions at 597-6914.

Sincerely,
Erin Butler RN
Erin Butler, RN
School Nurse

Hawthorne Brook Middle School

NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT
64 BROOKLINE ROAD TOWNSEND, MASSACHUSETTS 01469
(978) 597-6914 FAX (978) 597-5261

IMMUNIZATION PERMISSION FORM

I give my permission for my child Daniel Brown, to receive the hepatitis B vaccine at no charge at school. I understand that my child will receive the vaccine in three doses over a four to six month period.

Please answer the following:

My child has allergies. Yes ☐ No ☑
If yes, my child is allergic to: _____

Please check the following statement if you want a copy of this record sent to your private provider.

☑ I want my child's immunization record of vaccine administered at school sent to his/her doctor:

Name of Doctor: Dr. Edward Sprague
Address: Highland St.
Townsend, Ma 01469

Information About Person to Receive Vaccine: (Please Print)
I have been given a copy and read or have had explained to me the information about Hepatitis B, Hepatitis B immune globulin, and Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B immune globulin and the Hepatitis B vaccine and request that these be given to the person named below for whom I am authorized to make this request.

Student's Last Name	First Name	Middle Initial	Birth Date	Age
Brown	Daniel	R.	10/21/87	12

Street Address: 15 Bridle Path

Town	State	Zip Code
W Townsend	Ma	01474

X Marianne Braun
Signature of parent or legal representative

Date: 11/18/99

For Clinic Use:

Client Ident.

Dose #1	Dose #2	Dose #3
☐ 1/12/99 DD	☐ 2/16/99 DD	☐ 6/7/99 DD LD
Date / Site of injection	Date / Site of injection	Date / Site of injection
0008J 15JUN01 Lot Exp.	0008J 15JUN01 Lot Exp.	0008J 15JUN01 Lot Exp.
HEPATITIS B VACCINE (RECOMBINANT) RECOMBIVAX HB® PEDIATRIC / ADOLESCENT 0.5 mL (5mcg)	HEPATITIS B VACCINE (RECOMBINANT) RECOMBIVAX HB® PEDIATRIC / ADOLESCENT 0.5 mL (5mcg)	HEPATITIS B VACCINE (RECOMBINANT) RECOMBIVAX HB® PEDIATRIC / ADOLESCENT 0.5 mL (5mcg)
LD		O.
No. Maurin		
Signature of Administrator	Signature of Administrator	Signature of Administrator
	Kulmicki R	Vrotsos RN