

# BODY PIERCING TRAINEE MONTHLY REPORT FORM

For the month of: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Trainee: \_\_\_\_\_

Trainee Mailing Address: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Total Hours Each Day for the Month:

|       | DAYS OF THE MONTH |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | TOTALS    |                    |                    |  |
|-------|-------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------|--------------------|--------------------|--|
|       | 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | For Month | To Date Last Month | To Date This Month |  |
| Hours |                   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |           |                    |                    |  |

**Practical Operations**

Number of Practical Operations Performed

1. Practical operations observed by the student..... \_\_\_\_\_ operations performed
2. Practical operations in which student participated..... \_\_\_\_\_ operations performed
3. Practical operation performed by the student under supervision, but without assistance..... \_\_\_\_\_ operations performed

**Theory Hours**

Total Number of Theory Hours Earned

1. Safety, sanitation, sterilization, and aseptic..... \_\_\_\_\_ hours earned
2. Anatomy and physiology..... \_\_\_\_\_ hours earned
3. Skin and skin disorders..... \_\_\_\_\_ hours earned
4. Aftercare techniques..... \_\_\_\_\_ hours earned
5. Equipment and supplies..... \_\_\_\_\_ hours earned
6. Alaska statutes and regulations..... \_\_\_\_\_ hours earned

Signature of Licensed Instructor for the Month

I CERTIFY to the correctness of this report

Instructor Printed Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_