



Tattoo Studio: Official Incident Report

Confidential Record

1. General Information

- Date of Incident: _____
- Time of Incident: _____
- Artist/Practitioner Name: _____
- Client Name: _____
- Client Contact Info: _____

2. Nature of Incident

Check all that apply:

- Fainting (Syncope) / Dizziness
- Seizure / Medical Emergency
- Allergic Reaction (Ink, Latex, Ointment)
- Needle Stick / Cross-Contamination Risk
- Client Slip/Fall on Premises
- Other: _____

3. Incident Details

Location of Tattoo/Piercing on Body: _____

Description of Event:

(Be factual: What happened? What were the symptoms? How long did it last?)

Status of the Procedure:

- Procedure completed safely
- Procedure halted (Incomplete)
- Procedure resumed after recovery

4. Response & Action Taken

- First Aid Administered: (Cold compress, sugar/juice, etc.)
- Emergency Services (911) Called? (Yes / No)
- Witnesses: (Name and phone number of anyone who saw the event)

5. Follow-Up & Resolution

- Client Status at Departure: (e.g., "Walked out unassisted," "Picked up by friend")
- Post-Event Contact:
- Date/Time of Follow-up Call: _____
- Client Status: _____



Signatures

Artist Signature: _____ Date: _____

Shop Owner/Manager Signature: _____ Date: _____