



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
(781) 751-9220
www.dedham-ma.gov



Application for a Permit to Operate a Cryogenic Chamber Therapy Establishment

Fee: \$350.00 per establishment and \$50 per chamber
\$100 fee for a new or upgrade plan review

Establishment Information:

Name: _____
Address: _____
 Dedham, MA 02026
Email: _____
Phone #: _____
Contact person: _____
Phone #: _____
Emergency #: _____

Owner's Information:

Name: _____
Address: _____

Email: _____
Phone #: _____
Emergency #: _____

Cryogenic Chamber(s) Information:

Manufacturer: _____
Make: _____
Model: _____
Serial #: _____
Number of Units: _____

Manufacturer: _____
Make: _____
Model: _____
Serial #: _____
Number of Units: _____

Number of Employees: _____

The following must be submitted with the application:

- Proof of Training
- Cryotherapy equipment specification sheets
- Defibrillator specification sheet
- Basic Life Support certifications for all employees
- Copy of warning signs posted in establishment
- Copy of consent form
- Liability insurance

By signing you are confirming that you have read and understand the Town of Dedham regulations pertaining to Cryogenic Chamber Therapy. You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.

Applicant/Owners Signature

Date

FID# or SS#