

Application Form

Skin Penetration, Beauty Therapy & Hairdressing Premises



Health (Skin Penetration Procedure) Regulations 1998
Hairdressing Establishment Regulations 1972

Reviewed: 13 January 2023

Skin Penetration, Beauty Therapy & Hairdressing Premises

ENH-04

BUSINESS DETAILS	
Business Trading Name	
Previous Trading Name (if applicable)	
Address of Premises	
Premises Phone Number	
Name of Person in Charge and Title	
Premises Type	<input type="checkbox"/> Commercial premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Home occupation
Application for Approval	<input type="checkbox"/> New premises <input type="checkbox"/> Adding new services

PROPRIETOR DETAILS	
The Proprietor is the individual/s (e.g. Sole Trader/Partnership) or Body Corporate (Pty Ltd company) legally responsible for the business. Please note: An ABN registered to a Trustee is not considered to be a legal entity.	
Proprietor Name	
ABN / ACN	
Postal Address	
Mobile Number	
Email Address	

PRIMARY USE OF THE PREMISES – Please tick all that apply to your business	
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Laser Treatment
<input type="checkbox"/> Beauty Therapy	<input type="checkbox"/> Lash Treatments
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Nail Treatments
<input type="checkbox"/> Cosmetic Tattooing	<input type="checkbox"/> Shaving / Cut-throat Razor (<i>single-use blades only</i>)
<input type="checkbox"/> Hair Removal	
<input type="checkbox"/> Hairdresser / Barber <u>Only</u> (<i>no shaving / cut-throat razors</i>)	<input type="checkbox"/> Tattooing / Body Modification
	<input type="checkbox"/> Waxing / Tweezing
If you are undertaking beauty therapy treatments other than those listed, please detail each type of treatment:	

HOURS OF OPERATION			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

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BUSINESS OPERATIONS / EQUIPMENT

Refer to the *Hairdressing Establishment Regulations 1972* (for hairdressers), or the *Health (Skin Penetration) Regulations 1998* and *Code of Practice for Skin Penetration Procedures 1998* (for skin penetration premises) for further information on legislative requirements.

General beauty cleaning information can be found at : https://ww2.health.wa.gov.au/Articles/F_I/Guide-to-cleaning-and-disinfecting-equipment-for-the-body-art-beauty-and-nail-industries

Non-Critical Procedure (Appliances may come into contact with intact skin but does not penetrate skin or come into contact with mucosa or blood. Cleaning required.) Example: Cutting hair, spray tan, facials.
If ticked, please outline your cleaning and maintenance procedure (or attach procedure separately) including the name of the fit for purpose products and their MSD sheets.

Semi-Critical Procedure (Appliances may come into contact with mucosa or blood. Disinfection required)
Example: Waxing, tweezing, mani/pedicures, acrylic / gel nails.
If ticked, please outline your cleaning and disinfection procedure (or attach procedure separately) including the name of the fit for purpose products and their MSD sheets.

Critical Procedure (Appliances enter or penetrate the skin. Cleaning and sterilisation required)
Example: Acupuncture, body piercing, tattooing, cosmetic tattooing, permanent makeup, invasive beauty treatments.
If ticked, please outline your cleaning and sterilisation procedure (or attach procedure separately) including the name of the fit for purpose products and their MSD sheets.

Beauty/ Skin Penetration Premises

Total number of sinks and hand wash basins: Separate sinks are required for handwashing and cleaning equipment. Information can be found in the relevant regulations or at : https://ww2.health.wa.gov.au/Articles/S_T/Skin-penetration-procedures-and-the-law	
All hand wash basins are hands free design and have soap and paper towel dispensers next to them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warm water is supplied to all sinks and hand wash basins.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry facilities: If offsite please advise location/company:	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
A sharps container that complies with AS4031 is provided where applicable. How will you dispose of sharps containers, if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Please select the personal protective equipment (PPE) that will be used at the premises.	<input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Apron/gown <input type="checkbox"/> Face mask
Do you provide complimentary refreshments? (e.g. tea, coffee, biscuits etc.) If yes, please ensure food and food contact surfaces (cups/plates etc.) are stored and cleaned in a separate area to work preparation/procedure area.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

Hairdressing Premises

Number of work station(s):
Number of wash basin(s) (minimum 1 per 3 workstations):

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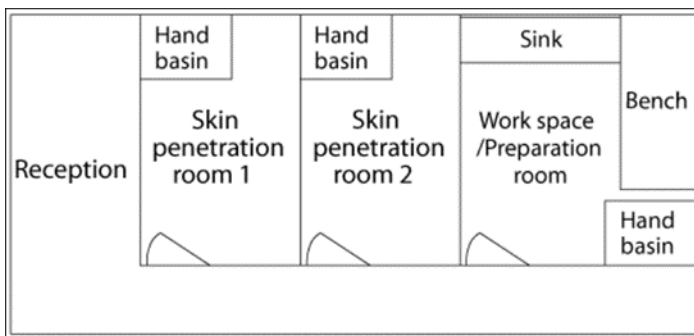
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DOCUMENTS – The following documents must be attached with this form

ASIC Record of Registration for Business Name	<input type="checkbox"/>
Attach a labelled, scaled floor plan (1:50) clearly showing the following: <ul style="list-style-type: none">All treatment rooms, preparation room (cleaning and disinfection room), toilets, laundry (as applicable)Location of hand-wash sinks, cleaning sinks (including soap and paper towels)Floor, ceiling, wall, bench, shelf finishes and natural /mechanical ventilationPreparation area for refreshments.	<input type="checkbox"/>
A copy of the qualifications of each staff member	<input type="checkbox"/>

Example: Labelled floor plan for a skin penetration establishment (not scaled).



DECLARATION

I declare the information contained in this application is true and correct, that I will notify the Shire's Environmental Health Services of any variation to details provided within this application prior to trading and the appropriate approvals from the Shire's Planning and Building Services have been obtained prior to lodging this application.

I declare that I have read and understood the *Hairdressing Establishment Regulations 1972* (for hairdressers), or the *Health (Skin Penetration) Regulations 1998* and Code of Practice for Skin Penetration Procedures 1998 (for skin penetration premises).

Name of Applicant/s	
Position of Applicant/s <i>(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign)</i>	
Signature of Applicant/s	
Date	

This application can be submitted by:

Email: health@esperance.wa.gov.au

Mail: Shire of Esperance, Environmental Health Services, PO Box 507, Esperance WA 6450

In Person: Shire Administration Office, 77 Windich St Esperance

APPLICABLE FEES

This fee is applicable for the 2022-2023 financial year. You will be sent an invoice.

Application and assessment fee - \$91.00