

Shire of Esperance Hairdresser / Skin Penetration Notification Form



APPLICANT DETAILS

Trading Name of Business			
ABN Number			
Name of Business Owner			
Name of Business Manager			
Business Address			
Postal Address			
Phone (Business)		Phone (Mobile)	
Email Address			

TYPE OF BUSINESS (PLEASE TICK ALL THAT APPLY)

<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Beauty Therapy	<input type="checkbox"/> Tattoo Parlour
<input type="checkbox"/> Home Occupation Hairdresser	<input type="checkbox"/> Home Occupation Beauty Therapy	<input type="checkbox"/> Other <input type="text"/>

TYPE OF ACTIVITY (PLEASE TICK ALL THAT APPLY)

<u>Critical Procedures</u>	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Cosmetic Tattooing
	<input type="checkbox"/> Permanent Makeup			
	<input type="checkbox"/> Invasive Beauty Therapy Treatments Eg: Electrolysis/Skin lancing	Details	<input type="text"/>	
<u>Semi-Critical Procedures</u>	<input type="checkbox"/> Waxing	<input type="checkbox"/> Tweezing	<input type="checkbox"/> Acrylic/Gel Nails	<input type="checkbox"/> Mani/Pedicures
<u>Non-Critical Procedures</u>	<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> Spray Tan	<input type="checkbox"/> Brow/Lash Tinting	
	<input type="checkbox"/> Non Invasive Beauty Therapy Treatments Eg: Facials, Spa treatments	Details	<input type="text"/>	

DETAILS OF PROPOSED OPERATIONS

Is the hand wash basin of hands-free operation with a single outlet of warm water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has a liquid soap dispenser and single-use paper towel dispenser been installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you provide refreshments to customers (for example: complimentary drinks/food)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Personal Protective Clothing	<input type="checkbox"/> Gloves	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Aprons/Gowns	<input type="checkbox"/> Face Masks
Sharps Container	<input type="checkbox"/> AS 4031 Compliant	Disposal Plan:	<input type="text"/>	

PLANS OF PROPOSED PREMISES

I have attached detailed plans of the proposed premises with this application showing: *(Please note: this application cannot not be processed without detailed plans attached)*

<input type="checkbox"/> Procedure area (floor covering, walls, ceiling, shelves, fittings)	<input type="checkbox"/> Work stations and preparation area
<input type="checkbox"/> Instruments and equipment storage areas	<input type="checkbox"/> Preparation area for refreshments
<input type="checkbox"/> Natural / Mechanical Ventilation	<input type="checkbox"/> General waste and medical waste receptacles
<input type="checkbox"/> Laundry facilities	

DETAILS OF PROPOSED OPERATIONS (CONTINUED)

Please outline how you plan to undertake the following Procedures:

- Equipment disinfection:

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- Equipment sterilisation:

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- Skin penetration:

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- Laundering (onsite/offsite):

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- Cleaning and maintenance
(attach cleaning schedule)

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I have read the Health (Skin Penetration) Regulation 1998 and the Skin Penetration Code of Practice

I have attached detailed plans of the proposed premises with this application

SIGNATURE		Date	
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THIS APPLICATION CAN BE SUBMITTED:

BY EMAIL

shire@esperance.wa.gov.au

IN PERSON

Shire Administration Building
77 Windich Street
ESPERANCE WA 6450

BY MAIL

Environmental Health Services
PO Box 507
ESPERANCE WA 6450