

Hairdressing / Skin Penetration Premises Application

PROPOSED BUSINESS DETAILS

Business trading name:		
Address of premises:		
Type of business:		
<input type="checkbox"/> Commercial premises	<input type="checkbox"/> Mobile operation	<input type="checkbox"/> Home occupation
<i>If it is a mobile operation, and supplies are stored at home, please write the address of your home.</i>		
<i>If it is a home occupation, you must have approval from Planning Services</i>		
Type of activities: (please tick all that apply)		
<input type="checkbox"/> Hairdressing only	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Electrolysis
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Permanent eyebrow and lip lining	<input type="checkbox"/> Wax depilation
<input type="checkbox"/> Manicure/Pedicure	<input type="checkbox"/> Body piercing	<input type="checkbox"/> Shaving
<input type="checkbox"/> Other:		

APPLICANT DETAILS

First Name:		Surname:	
ABNACN:			
Postal Address:			
Suburb:		Postcode:	
Contact Phone:	Mobile:	Fax:	
Email:			

FLOOR PLAN

- I have attached a floor plan (scale 1:100 or 1:50) of the proposed fit out of the hairdressing establishment clearly indicating:
- Skin penetration / hairdressing area (type of floor covering, walls, ceiling, shelves and fitting);
 - Work stations;
 - Hand wash basin supplied with hot and cold water;
 - Preparation area for refreshments;
 - Instrument and equipment storage area;
 - General waste, hair wastes and medical waste receptacles;
 - Laundry facilities; and
 - Natural / mechanical ventilation (for example: windows, evaporative air conditioner outlet etc)

DETAILS OF PROPOSED OPERATIONS

1. Level of disinfection and sterilisation of appliances (please tick):

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.

Semi-Critical Procedure

Appliances may come into contact with mucosa or blood. Disinfection required.

Critical Procedure

Appliances enter or penetrate the skin. Cleaning and sterilisation required.

***** Please note that only single-use cut-throat razors are permitted to be used.**

2. Do you provide complimentary refreshments? (e.g. tea/coffee, biscuits etc.) Yes No

If yes you will be required to submit a Food Business Notification/Registration Application form

3. Personal protective clothing:

Gloves

Eye protection

Aprons/gowns

Face masks

4. Sharps container:

Yes N/A

If yes: Compliant with AS 4031 Company used for disposal: _____

5. Please outline how you undertake the following procedures:

Please attach a procedure if you have one.

Equipment sterilisation: _____

Disinfection: _____

Cleaning and maintenance: _____

HAIRDRESSERS ONLY

6. Number of work station(s): _____

7. Number of hair wash basin(s) (minimum 1 per 3 workstations): _____

8. Member of WA Hairdressers Registration Board: Yes No

9. I have read the requirements of the *Hairdressing Establishment Regulations 1972*.

SKIN PENETRATION PREMISES ONLY

10. Hand wash basin is hands-free with a single outlet of warm water? Yes No

11. Liquid soap dispenser and single-use paper towel dispenser Yes No

Environmental Health Services

Tel (08) 9311 8111

Fax (08) 9311 8181

ABN 77 284 859 739

Administration Centre:

99 Shepperton Road

Victoria Park WA 6979

Postal Address:

Locked Bag No. 437

Victoria Park WA 6100

admin@vicpark.wa.gov.au

www.victoriapark.wa.gov.au

Version: July 2018

12. I have read the requirements of the *Health (Skin Penetration) Regulations 1998* and the Skin Penetration Code of Practice.

Name: _____

Signed: _____ Date: _____

FEE INFORMATION

Application fee: **\$167**

PAYMENT INFORMATION

Cheques made payable to "Town of Victoria Park".

Payment can be made via the following options:

By mail:	In person:	Over the phone:
Environmental Health Services Town of Victoria Park Locked Bag 437 Victoria Park WA 6979	Administration Centre Town of Victoria Park 99 Shepperton Rd Victoria Park WA 6100	Call 9311 8111 Quote receipt type 206

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