



APPLICATION HAIRDRESSER PREMISES

2020/2021

| APPLICANT DETAILS | | |
|--|-------|---------------|
| Applicant/s Full Name: | | Date of Birth |
| Applicants Postal Address: | | |
| Mobile: | Home: | Work: |
| Email: | | ABN: |
| APPLICANT DECLARATION | | |
| I/We declare that all details in this form are true and correct. | | |
| Signature of Applicant: | | Date: |

| PROPERTY DETAILS | |
|---|---|
| Trading Name: | |
| Premises Address: | |
| Type of Business (tick all which are applicable): <input type="checkbox"/> Home Occupation <input type="checkbox"/> Mobile <input type="checkbox"/> Commercial | Type of Activities <input type="checkbox"/> Hairdressing <input type="checkbox"/> Shaving (e.g. use of cut throat/disposable razors) <input type="checkbox"/> Other (please detail treatments/procedures offered): |

FACILITIES, PROCEDURES AND PROCESSES

Facilities – General Requirements:

- Type of floors (e.g. non slip tile, vinyl etc):
- Wall finishes (painted, tiled etc):
- Number of workstations:
- Is the premises connected to sewer? **Yes/No**
- Sanitary facilities for staff and patrons? **Yes/No**
- General and Medical waste receptacles e.g. Sharps container (AS4031 compliant) **Yes/No**

Facilities – Handwashing:

- Number of hair wash basins (minimum 1 per 3 workstations):
- Is hot water service provided at hair wash basins? **Yes/No**
- Are the hand wash basin/s fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel? **Yes/No**

Facilities –Laundry:

- Receptacle for used, dirty or soiled linen? **Yes/No**
- Are facilities available on the premises or taken home for laundering?
- Is a dryer being installed (this must have adequate exhaust ventilation)? **Yes/No**
- Are the laundry facilities Separate from staff facilities and/or food preparation area)? **Yes/No**

Facilities –Staff facilities:

- Is a sink with hot and cold running water separate from equipment wash up sink? **Yes/No**
- Is there a storage cupboard for personal belongings? **Yes/No**
- Personal protective clothing worn:
 Gloves Eye protection Aprons/gowns Face masks Other (please specify)
- First aid kit provided? **Yes/No**

Ventilation:

- Ventilation type:
 Natural Mechanical (AS3666 Compliant)
- * If mechanical ventilation proposed to be installed will be an evaporative air conditioner, please complete an application for the installation of an air handling system.
- Exhaust or extraction proposed to be installed to remove vapours and fumes arising from manicures and pedicures to external air **Yes/No**

Disinfection Procedures/Products:

- Disinfection procedure for equipment and instruments? **Yes/No**
- Is at least one vessel containing at least 1 litre of disinfecting solution to be provided for each work station **Yes/No**
- Type of disinfecting solution:
 - Minimum 70% W/W ethyl alcohol Glutaraldehyde solution of 1% V/V
 - Hypochlorite solution of 0.5% V/V freshly Isopropyl alcohol 70% V/V

| REQUIRED SUPPORTING DOCUMENTATION/ACKNOWLEDGMENT OF APPLICATION REQUIREMENTS | ✓ / ✗ |
|---|-------|
| A copy of the internal fittings detailed layout showing the locations of the: Hairdressing area (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present and work station locations). | |
| A copy of the internal fittings detailed layout showing the locations of the: Hair wash basin supplied with hot and cold water. | |
| A copy of the internal fittings detailed layout showing the locations of the: Hands free type hand wash basin supplied with hot and cold water, soap and paper towels. | |
| A copy of the internal fittings detailed layout showing the locations of the: Sink designated for cleaning and decontaminating equipment only. | |
| A copy of the internal fittings detailed layout showing the locations of the: Instruments and equipment storage area. | |
| A copy of the internal fittings detailed layout showing the locations of the: General waste hair wastes and medical waste receptacles. | |
| A copy of the internal fittings detailed layout showing the locations of the: Laundry and Sanitary facilities. | |
| Natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.) | |
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| Payment of Annual Registration fee \$110 (this will be invoiced upon application). Applications are not deemed received by the City until payment has been made in full. | |

Please submit completed applications to
healthapplications@canning.wa.gov.au
In Person at City of Canning 1317 Albany Highway CANNINGTON
Or Via Post to Locked Bag 80, WELSHPOOL WA 6986