

## APPLICATION SKIN PENETRATION / BEAUTY THERAPY PREMISES

### 1. APPLICANT DETAILS

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

### 2. APPLICATION TYPE

**TYPE OF BUSINESS: (Please tick all boxes applicable)**

Home occupation       Mobile       Commercial

**Semi-critical procedures:**

Body Waxing <input type="checkbox"/>	Shaving <input type="checkbox"/>	Microdermabrasion <input type="checkbox"/>
Manicures and/or pedicures <input type="checkbox"/>	Acrylic nails <input type="checkbox"/>	Threading <input type="checkbox"/>
Tweezing <input type="checkbox"/>		

**Non-critical procedures:**

Massage       Facials       Make-up application

Eye lash and eye brow (tinting/extension)

Other: please detail the treatments/procedures/services that you provide/offer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Facilities: (please tick or circle where applicable)

### General requirements:

- Types of floors (e.g. nonslip tiles, vinyl etc.): \_\_\_\_\_
- Types of walls (e.g. painted, tiles etc.): \_\_\_\_\_
- Work station separate from treatment area Yes/No
- Areas used for skin penetration procedures, work space and preparation areas shall be illuminated to a level that complies with AS 1680.2 Yes/No
- Is the premises connected to sewer? Yes/No
- Sanitary facilities for staff and patrons? Yes/ No

### Cleaning facilities:

- A sink supplied with hot and cold water designated for cleaning/decontaminating equipment Yes/No
- Work space for cleaning area separate from preparation area Yes/No

### Hand washing facilities:

- Number of hand wash basins: \_\_\_\_\_
- Location of hand wash basins in immediate treatment area Yes/No
- Hot water service provided at hand wash basins Yes/No
- Hand wash basin fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel Yes/No

### Laundry facilities:

- Receptacle for used, dirty or soiled linen Yes/No
- Available on the premises  Taken home for washing
- Dryer being installed with adequate exhaust ventilation Yes/No
- Separate from staff facilities and/or food preparation area Yes/No

### Staff facilities:

- A sink with hot and cold running water separate from equipment wash up sink Yes/No
- Storage cupboard for personal belongings Yes/No
- Personal protective clothing worn: Yes/No

Gloves  Eye Protection  Aprons/Gowns  Face masks

Other  please specify: \_\_\_\_\_

- First Aid kit provided Yes/No
- Staff to be aware of Australian National Council on AIDs needle stick policy and infection control procedures and safe working practices Yes/No
- Staff will be offered immunisation e.g. Hepatitis B vaccine against infections which are a potential risk in a skin penetration environment Yes/No

### Waste disposal:

- Sharps container (AS4031 compliant) Yes\*/No



**Ventilation:**

- Natural  Mechanical\*  (AS1668 & 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 of equipment and skin preparation Yes/No

- Name of disinfectant(s): \_\_\_\_\_

- Active ingredient: \_\_\_\_\_

- Name of disinfecting solution for skin preparation: \_\_\_\_\_

70 % W /W isopropyl alcohol  80 % V /V ethyl alcohol

60 % V /V isopropyl alcohol  Other  Please specify \_\_\_\_\_

Sterilisation required for critical procedures Yes/No

- Autoclave  Dry heat sterilisation

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pressure: \_\_\_\_\_ Time: \_\_\_\_\_

**PLEASE NOTE: the following 3 information items must be provided in writing with this application.**

1. Copy of the internal fittings detailed layout showing the locations of the following:
  - a) Procedures area e.g. for waxing, tattooing, massage etc. (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present);
  - b) Hands free type hand wash basin supplied with hot and cold water, soap and paper towels in the immediate treatment area;
  - c) Sink designated for cleaning and decontaminating equipment only;
  - d) Work space and preparation area (separate from treatment areas);
  - e) Work stations;
  - f) Instruments and equipment storage area;
  - g) Preparation area for refreshments;
  - h) General waste and medical wastes receptacles;
  - i) Laundry facilities;
  - j) natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.);
  - k) Staff facilities including kitchen sink and storage cupboard;
  - l) Sanitary facilities.

2. Details of sterilisation equipment(s) to be used (if applicable)

Please include the following details:

- Specifications
- Details of calibration including certificate of calibration
- Details of maintenance including servicing details and log sheets

3. Cleaning, disinfection and/or sterilisation plan (if applicable)

**Declaration:**

I, \_\_\_\_\_ (name of the applicant) declare that the information contained in this application is true and correct in every particular.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Skin Penetration Premises Application

<b>OPTION 1</b>	<b>In-person Cash and EFTPOS</b> 1317 Albany Highway, CANNINGTON (Cnr George Street West)
<b>OPTION 2</b>	<b>Cheque</b> POST: City of Canning Locked Bag 80, WELSHPOOL WA 6986 (Cheques made payable to City of Canning)
<b>OPTION 3</b>	<b>Credit Card</b> *A surcharge of 0.40% applies to all payments made by Visa / Master Card Debit Card and a surcharge of 0.60% applies to all payments made by Visa / Master Card Credit Card. (incl. of GST)

**INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL DELAY YOUR APPLICATION**

I (full name), \* \_\_\_\_\_,  
authorise the City of Canning to deduct \* \$ \_\_\_\_\_, [\$110.00] from:

**Please tick appropriate card type:**

MasterCard     Visa     Debit Card

**Card Number: \***

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<b>Full Name on Card:</b>	*
<b>Expiry Date:</b>	*     /     / 20
<b>Phone Number:</b>	*
<b>Signature:</b>	*
<b>Date submitted:</b>	*     /     / 20

### Office Use Only

Date Received	
Amount Received	
Account Number	(62) 18404.904 (GST exempt)