

Registration No.: _____(SKIN) (office use only)

Application for Skin Penetration Premises

*** Please allow 10 business days processing time**

For applications received between 3-10 business days before the approval is required, an expedited service fee will apply. Charitable and community organisations are not exempt from this fee.

FEES: - To be paid upon application

NOTE: Fee increases may apply on 1 July each financial year.

Application Fee: \$146 (No GST) (fee type 84)

Inspection Fee: \$146 (No GST) (fee type 85)

Total payable with this form: \$292

Expedited Service fee: \$146 (No GST) (fee type code)

Do you require approval within 10 business days?

Yes No

*If yes, the expedited service fee will apply.

Name of applicant: _____

Address: _____ Suburb: _____ Post code: _____

Phone: _____ Fax: _____ Email: _____

ADDRESS OF BUSINESS:

Name of Business: _____ ABN: _____

Street No: _____ Street: _____

Suburb: _____ Post code: _____

Phone: _____ Fax: _____ Email: _____

TYPE OF BUSINESS: (Please tick all boxes applicable)

Home occupation Mobile Commercial

TYPE OF ACTIVITIES: (Please tick all boxes applicable)

Critical procedures:

Tattooing Acupuncture Skin Piercing
 Branding Permanent Make Up Ear or nose piercing
 Lancing (ie removal of blackheads, ingrown hairs etc) Electrolysis

Semi-critical procedures:

Body Waxing Shaving Microdermabrasion
 Manicures and/or pedicures Acrylic nails Threading
 Tweezing

Non-critical procedures:

Massage Facials Make-up application
Eye lash and eye brow (tinting/extension) Flotation tank Spa Pool

Other activities: _____

NUMBER OF STAFF: _____

QUALIFICATIONS/ TRAINING: _____

FACILITIES: (Please tick or circle where applicable)

General requirements:

- Types of floors (eg nonslip tiles, vinyl etc): _____
- Types of walls (eg 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 eg 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

Refreshments provided?

- (eg complimentary drinks/food for clients or as part of package): Yes* No

* If yes, location of preparation _____ AND please complete an application for notification/registration of fixed food business as required under the *Food Act 2008*.

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 or it will not be processed.

1. Copy of the internal fittings detailed layout showing the locations of the following:
- 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);
 - hands free type hand wash basin supplied with hot and cold water, soap and paper towels in the immediate treatment area;
 - sink designated for cleaning and decontaminating equipment only;
 - work space and preparation area (separate from treatment areas);
 - work stations;
 - instruments and equipment storage area;
 - preparation area for refreshments;
 - general waste and medical wastes receptacles;
 - laundry facilities;
 - natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (eg windows, evaporative air conditioner outlet, exhaust/extraction etc);
 - staff facilities including kitchen sink and storage cupboard;
 - 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:** _____

In the case of a company, the signing officer must state position in the company

Position (if applicable): _____