

APPLICATION FOR HAIRDRESSING PREMISES

* Please allow 10 business days processing time

FEES - To be paid upon application

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

Application Fee: \$144 (no GST) (fee type code 310)
Inspection Fee: \$144 (no GST) (fee type code 85)
Total payable with this form: \$288

Name of Applicant: _____
 Address: _____ Suburb: _____
 Post Code: _____ Phone: _____ Mobile: _____
 Email: _____

ADDRESS OF BUSINESS:

Name of Business: _____ ABN: _____
 Street No: _____ Street: _____ Suburb: _____
 Post Code: _____ Phone: _____ Mobile: _____
 Email: _____

TYPE OF BUSINESS: (Please tick all boxes applicable)

Home occupation Mobile Commercial

TYPE OF ACTIVITIES: (Please tick all boxes applicable)

Hairdressing Shaving (eg use of cut throat razor/disposable razors)

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) _____
- Number of workstations _____
- Is the premises connected to sewer? Yes/No

Hair washing facilities:

- Number of hair wash basins _____ (minimum 1 per 3 workstations)
- Hot water service provided at hair wash basins Yes/No

Hand washing facilities:

- Number of hand wash basins _____
- Location of hand wash basins in immediate treatment area Yes/No
- Hot water service at 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

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

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

Waste disposal:

- Sharps container (AS4031 compliant) Yes*/No
*If yes, company used for disposal _____

Ventilation:

- Natural Mechanical* (AS1668 & AS3666 compliant)
*If mechanical ventilation proposed to be installed will it 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 instruments

- Name of disinfecting solution _____
- 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 made
 - Isopropyl alcohol 70% V/V

PLEASE NOTE: the following information must be provided in writing with this application or it will not be processed.

A copy of the internal fittings detail layout showing the location of the following:

1. Hairdressing area (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present);
2. Work stations;
3. Hair wash basin supplied with hot and cold water;
4. Hand wash basin supplied with hot and cold water;
5. Sink designated for cleaning and decontaminating equipment only;
6. Preparation area for refreshments;
7. Staff facilities including sink and storage cupboards;
8. Laundry facilities;
9. General waste, hair wastes and medical wastes receptacles;
10. Instruments and equipment storage area; and
11. Natural/mechanical ventilation and certificate of compliance for AS1668 & AS3666 (eg windows, evaporative air conditioner outlet etc).

Declaration:

I, _____ (name of the applicant) making this application 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) _____

Office use only:

Officer: _____ Date: _____ Licence: _____ Approved/Refused