

APPLICATION FOR SKIN PENETRATION PREMISES

* Please allow 10 business days processing time

FEES: Payable upon application

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

Application Fee: \$144 (no GST) (fee code type 84)

Inspection Fee \$144 (no GST) (fee code type 85)

Total Fees: \$288

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
*If yes, company used for disposal: _____

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:
 - 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 (eg 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:** _____

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