

SKIN PENETRATION AND HAIRDRESSING PREMISES NOTIFICATION FORM

Health (Miscellaneous Provisions) Act 1911
Health (Skin Penetration Procedure) Regulations 1998
Hairdressing Establishment Regulations 1972

TYPE OF PREMISES

- Hairdressing
- Skin Penetration (includes beauty therapy procedures)
- Both Hairdressing and Skin Penetration

PREMISES DETAILS

Trading Name:
Address of Premises:
Phone:
Email:
Name of person in charge and position:

HOURS OF OPERATION

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

PROPRIETOR DETAILS (details of the Sole Trader/ Partnership or Company legally responsible for the business)

Proprietor Name:	
Proprietor Residential/Registered Office Address:	
Phone:	A/H:
Email:	

CITY OF BELMONT
215 Wright Street, Cloverdale 6105
(Locked Bag 379, Cloverdale 6985)
Ph: 9477 7222 **Fax:** 9478 1473
belmont@belmont.wa.gov.au

Health – 23/01/18



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SERVICES PROVIDED (tick where applicable)

<u>CRITICAL PROCEDURES</u>	<u>SEMI CRITICAL PROCEDURES</u>	<u>NON-CRITICAL PROCEDURES</u>
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Waxing	<input type="checkbox"/> Massage
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Threading	<input type="checkbox"/> Spray Tanning
<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Tweezing	<input type="checkbox"/> Hairdressing
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Manicure	<input type="checkbox"/> Facials
<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Pedicure	
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Intense Pulsed Light (IPL)	
<input type="checkbox"/> Lancing	<input type="checkbox"/> Barber/ Shaving	

OTHER PROCEDURES (please detail)

DETAILS OF PROPOSED OPERATIONS

1. Hand wash basin(s) hands-free in operation with a single outlet of warm water?

Yes / No

2. Has a liquid soap dispenser and single use paper towel dispenser been installed?

Yes / No

3. Do you provide refreshment to customers (e.g. complimentary drinks)? If so please provide details

Yes / No

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4. Is personal protective clothing worn?

Gloves / Eye protection / Apron / Gowns / Face masks

Are the items circled above single use?

Yes / No

5. Is sharps container AS 4031 compliant?

Yes / No

6. Which company is used for disposal of sharps:

7. Please describe how you undertake the following procedures:

a) Equipment Sterilisation:

b) Skin Preparation:

c) Laundering (on-site / off-site):

d) Cleaning and Maintenance of Premises:

e) Control and clean-up of blood or bodily fluid spills:

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f) Staff training in health and hygiene:

Provide detailed plans showing the following (scale 1:100 or 1:200):

- Procedure area/s including floor covering, walls, ceiling, shelving, finishes, fittings and fixtures
- Hand wash basin/s (hands-free and supplied with warm water)
- Work stations and preparation areas
- Treatment rooms (if applicable)
- Food handling area for refreshments (if applicable)
- Instruments and equipment storage area
- General waste and medical waste receptacles (if applicable)
- Laundry facilities (if on-site)
- Natural / mechanical ventilation (e.g. windows, evaporative air-conditioner)

DECLARATION

- I have read the requirements of the *Hairdressing Establishment Regulations 1972*.
- I have read the requirements of the *Health (Skin Penetration Procedure) Regulations 1998* and the *Code of Practice for Skin Procedures 1998*.

Legislation is available on the State Law Publisher Website at www.slp.wa.gov.au

I, declare that the information contained in this application is true and correct.

Signature and Name of Applicant (include position if company)

Date

Please submit this form and plans in the following way:

Mail: City of Belmont Health Services Locked Bag 379 CLOVERDALE WA 6985	In Person: City of Belmont Civic Centre 215 Wright Street CLOVERDALE WA 6105	Email: belmont@belmont.wa.gov.au
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