Skin Penetration Premises Notification Form

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

Date of Publication 05/08/2024

TYPE OF PREMISES

☐ Skin Penetration (includes beauty therapy procedures)

☐ Both Skin Penetration and Hairdressing

Premises Details					
Trading Name:					
Address of Premises:					
Suburb:				**Postcode:**	
Daytime Phone:		**Mobile:**			
Email:					
Name of person in charge and position:					
Hours of Operation					
Sunday		**Monday**			
Tuesday		**Wednesday**			
Thursday		**Friday**			
Saturday					
Proprietor Details *(Details of the Sole Trader / Partnership or Company Legally Responsible for the Business)*					
Proprietor Name:					
Proprietor Residential / Registered Office Address:					
Suburb:		**State:**		**Postcode:**	
Daytime Phone:		**Mobile:**			
Email:					

Document Set ID: 3667704
Version: 8, Version Date: 17/06/2026

SERVICES PROVIDED (Tick all applicable)

CRITICAL PROCEDURES	SEMI CRITICAL PROCEDURES	NON-CRITICAL PROCEDURES
☐ Tattooing	☐ Waxing	☐ Massage
☐ Body Piercing	☐ Threading	☐ Spray Tanning
☐ Ear Piercing	☐ Tweezing	☐ Hairdressing
☐ Acupuncture	☐ Manicure	☐ Facials
☐ Cosmetic tattooing	☐ Pedicure	
☐ Electrolysis	☐ Intense Pulsed Light (IPL)	
☐ Lancing	☐ 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. Are liquid soap dispenser/s and single use paper towel dispenser/s installed at the hand wash basin/s?

   Yes / No

3. Do you provide refreshments to customers (e.g. complimentary drinks)? If yes, please provide details.

   Yes / No

   _____

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:

_____

_____

f) Staff training in health and hygiene:

_____

_____

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

- Overall premises site plan
- Procedure area/s including floor covering, walls, ceiling, shelving, finishes, fittings, and fixtures
- Hand wash basin/s (hands-free and supplied with warm water)
- Workstations 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 *Health (Skin Penetration Procedure) Regulations 1998* and the *Code of Practice for Skin Penetration Procedures*. *Legislation is available on the Western Australian Legislation Website at https://www.legislation.wa.gov.au/*		☐
I have read the requirements of the Guideline for the management of public health risks associated with the hairdressing and barber industry (if applicable).		☐
I have provided detailed plans as specified on page 3 *(required for a new premises, or alterations to an existing premises)*		☐
Signature:		
Name of applicant: *(include position if company)*		
Date:		

Please submit this form and plans to the City of Belmont:

In Person: City of Belmont Civic Centre, 215 Wright Street, Cloverdale
By Mail: City of Belmont Health Services, LMB 379, Cloverdale WA 6985
By Email: belmont@belmont.wa.gov.au

Your personal information is collected by the City of Belmont for the purpose of responding to your enquiry or completing your request for services. For further information, please search https://www.belmont.wa.gov.au/pris