

# 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

<b>Trading Name:</b>
<b>Address of Premises:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Name of person in charge and position:</b>

## 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)

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

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

Health – 24/03/21



# SKIN PENETRATION AND HAIRDRESSING PREMISES NOTIFICATION FORM

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

## 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. 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**

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



# SKIN PENETRATION AND HAIRDRESSING PREMISES NOTIFICATION FORM

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

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:**

---

---

## CITY OF BELMONT

215 Wright Street, Cloverdale 6105  
(Locked Bag 379, Cloverdale 6985)

**Ph:** 9477 7222 **Fax:** 9478 1473

belmont@belmont.wa.gov.au

[www.belmont.wa.gov.au](http://www.belmont.wa.gov.au)



# SKIN PENETRATION AND HAIRDRESSING PREMISES NOTIFICATION FORM

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

## 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 Western Australian Legislation Website at <https://www.legislation.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 to the City of Belmont:

<b>Mail:</b> City of Belmont Health Services Locked Bag 379 CLOVERDALE WA 6985	<b>In Person:</b> City of Belmont Civic Centre 215 Wright Street CLOVERDALE WA 6105	<b>Email:</b> <a href="mailto:belmont@belmont.wa.gov.au">belmont@belmont.wa.gov.au</a>
--	--	---

### CITY OF BELMONT

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

