

APPLICATION FOR HEALTH DEPARTMENT APPROVAL

Complete and return this form to Simcoe Muskoka District Health Unit at 15 Sperling Drive Barrie, ON L4M 6K9 or fax: (705)-733-7738

Personal Service Temporary Event Application – Event Coordinators

Each temporary event providing personal services MUST submit a completed application form to the Simcoe Muskoka District Health Unit at least **30 days prior** to the event. Applications MUST be approved prior to the event. Events must comply with applicable sections of the current *Infection Prevention and Control Best Practices for Personal Services Settings, 2009*. **Failure to receive prior approval may result in closure of personal service vending booths, or other legal action.**

Event Information	
Event Name:	Event Address:
Date(s) of Event:	Time(s) of Event:
Number of Vendors:	Personal Service Vendors: Other Vendors:
Event Coordinator Information	
Name of Sponsoring Group or Agency:	Contact Person and Mailing Address:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email:	Email:
Vendor Permit Number:	
Event Details	
Water Supply:	HYDRO
<input type="checkbox"/> Municipal Supply <input type="checkbox"/> Commercially Bottled <input type="checkbox"/> Hauled Municipal Water – If hauled water please provide: Name of hauler: _____ # of hauler: _____ Well Address/Location: _____ Well water must have satisfactory sample results within one month prior to event and copy of results must be attached to application.	Electricity available to vendors: <input type="checkbox"/> YES <input type="checkbox"/> NO Backup Power available: <input type="checkbox"/> YES <input type="checkbox"/> NO
Sewage, Waste Water & Garbage Disposal:	Public Washroom Facilities & Hand Wash Sinks/Stations
Method of Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Private/Septic <input type="checkbox"/> Portable Toilets Method of Waste Water Disposal: <input type="checkbox"/> Holding Tank <input type="checkbox"/> Waste Water Containers <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None Available (explain): _____ Number of Garbage Receptacles on-site: _____ Number of Large Storage Units on-site: _____ Note: Garbage must be disposed of daily. Clean-up Coordinator's Name: _____ Telephone #: _____	Types of Toilets & Hand Wash Sinks: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable Name of Supplier of Portable Units: _____ Telephone #: _____ Facilities Available: Number of Male Designated Toilets: _____ Number of Urinals: _____ Number of Female Designated Toilets: _____ Number of Hand Wash Basins/Stations: _____
Site Plan for Event	
Attach a site plan and include the location of the following on the plan: <input type="checkbox"/> Electrical Sources <input type="checkbox"/> Washroom Facilities <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Waste Water Disposal (for cleaning, disinfecting, sterilizing) <input type="checkbox"/> Food Service Vendors <input type="checkbox"/> Water Sources <input type="checkbox"/> Personal Services Vendors <input type="checkbox"/> Vendor Hand Wash Stations	
PERSONAL SERVICES VENDOR REGISTRATION LIST: Provide a list of all personal service vendors and attach to this application. Coordinators are responsible for providing each vendor with the vendor application package. Vendor application submissions to the Health Unit will be the responsibility of the vendor and the coordinator. All vendors must be approved by the Simcoe Muskoka District Health Unit prior to the event.	
Applicant: I have received and read the <i>Personal Service Settings Temporary Events</i> information package. I understand the requirements for event coordinators at temporary events and have provided the information to all personal services vendors that will be attending the event. I agree that all the information I have provided on the 2 pages of this application form is accurate.	
Coordinator Name (Print): _____ Signature: _____ Date: _____	
To Be Completed by Public Health Inspector	
Application Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Inspector Comments: Inspector Signature: _____ Date: _____	