

**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 Application Form – Personal Service Vendors**

Each temporary personal services vendor MUST submit a completed application form to the Simcoe Muskoka District Health Unit at least **14 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 the vendor booth, or other legal action.**

**Event Information – To be Completed by Temporary Personal Service Vendors**

Event Name:	Event Address:
Dates of Operation:	Times of Operation:

**Vendor Information**

Business Name:	Owner Name:			
Address:	Address:			
Business Phone:	Owner Phone (H):			
Business Fax:	Owner Cell Phone:			
Email:	Email:			
Vendor Permit #:	Corporation Name or Number:			
Name or Number of Vendor Booth at Event:	Booth Location at Event: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			
Type of services provided at event (Tattoo, Body Piercing etc.):	Disposable Equipment		Multiuse Equipment	
	Yes	No	Yes	No
1.				
2.				
3.				
4.				

Note: Multiuse equipment must be cleaned and sterilized at approved business and transported to the temporary event in such a way that the integrity of sterilized equipment is maintained (ex: in puncture proof containers with tight fitting lids). At least 14 days prior to the event, vendors must provide Simcoe Muskoka District Health Unit documentation of the most recent three consecutive pass spore tests for the approved sterilizer used to process the multiuse equipment.

**Single Use Disposable Equipment Used at Event:**

Applicators  
 Clamps / Forceps  
 Dental bibs  
 Gloves  
 Ink caps  
 Nail Files  
 Other (specify): \_\_\_\_\_  
 Approved sharps container provided?  YES  NO

**Reusable Equipment Used at Event:**

Cuticle Nippers  
 Clamps / Forceps  
 Grips / Tubes / Barrels  
 Nail Clippers  
 Scissors  
 Tattoo Machine / frame  
 Other (specify): \_\_\_\_\_

**Water Supply**

Municipal Water  
 Bottled Water  
 Hauled Water - If water hauled please provide:  
 Name of hauler: \_\_\_\_\_  
 # of hauler: \_\_\_\_\_

**Garbage & Waste Water Disposal**

Number of lined garbage cans in vending booth: \_\_\_\_\_  
 Method of Waste Water Disposal:  
 Municipal  
 Other (specify): \_\_\_\_\_

**Hand Hygiene Stations**

At booth  
 In designated Washroom  
 Portable hand washing station

**Hand Station Supplies**

Liquid Soap in dispenser  Hand Sanitizer  
 Paper towel in dispenser  Moist hand towelettes  
 Other (specify): \_\_\_\_\_

**Cleaning & Disinfecting**

Name of disinfectants to be used: \_\_\_\_\_  
 What will they be used for: \_\_\_\_\_  
 Test strips provided for disinfectant?  YES  NO  N/A  
 Note: all dirty equipment must be stored in puncture proof containers with tight fitting lids and transported back to business home base for cleaning, disinfection and sterilization.

**Applicant:** I have received and read the *Personal Service Settings Temporary Events* information package. I understand the requirements for temporary personal service vendors at temporary events and have provided the information to all personal service workers that will be working at the event. I agree that all the information I have provided on both pages of this application form is accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Neither the Simcoe Muskoka District Health Unit nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this approval and inspection.

**To be completed by Public Health Inspector:**

Application Approved:  YES  NO  
**Inspector Comments:**  
  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_