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**APPLICATION FOR HEALTH DEPARTMENT APPROVAL**

Complete and return this form to [HC.ID@smdhu.org](mailto:HC.ID@smdhu.org) or drop off/mail to Simcoe Muskoka District Health Unit - 15 Sperling Drive Barrie, ON L4M 6K9

**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.
* Events must comply with applicable sections of the [*Personal Service Settings Regulation 136/18*](https://www.ontario.ca/laws/regulation/180136) and the current [*Guide to* *Infection Prevention and Control in Personal Services Settings, 2019*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjd46S75ML-AhUBjIkEHcQ6AGcQFnoECBMQAQ&url=https%3A%2F%2Fwww.publichealthontario.ca%2F-%2Fmedia%2Fdocuments%2FG%2F2019%2Fguide-ipac-personal-service-settings.pdf&usg=AOvVaw1uzVcVuoKm6TYJL-8jpbTg).
* Extreme body modification services (e.g., scarification, dermal implants) are not permitted at temporary events.
* Applications MUST be approved prior to the event. **Failure to receive prior approval may result in closure of the vendor booth, or other legal action.**

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| **Event Information – To be Completed by Temporary Personal Service Vendors** | | | | | | | |
| **Event Name:** Click or tap here to enter text. | | **Event Address:** Click or tap here to enter text. | | | | | |
| **Dates of Operation:** Click or tap to enter a date. | | **Times of Operation:** Click or tap here to enter text. | | | | | |
| **Vendor Information** | | | | | | | |
| **Business Name:** Click or tap here to enter text. | | **Owner Name:** Click or tap here to enter text. | | | | | |
| **Address:** Click or tap here to enter text. | | **Address:** Click or tap here to enter text. | | | | | |
| **Business Phone:** Click or tap here to enter text. | | **Owner Phone (H):** Click or tap here to enter text. | | | | | |
| **Business Fax:** Click or tap here to enter text. | | **Owner Cell Phone:** Click or tap here to enter text. | | | | | |
| **Email:** Click or tap here to enter text. | | **Email:** Click or tap here to enter text. | | | | | |
| **Corporation Name or Number:** Click or tap here to enter text. | | | | | | | |
| **Name or Number of Vendor Booth at Event:** Click or tap here to enter text. | | **Booth Location at Event:** | | Indoor | | Outdoor | |
| **Will there be multiple artists working at your booth?**  Y  N  **If yes, will artists be bringing their own equipment, or will equipment be supplied by the vendor?** Own Equipment Vendor Equipment  **Please provide name(s) of all service providers**:   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text.   5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text. 8. Click or tap here to enter text. | | | | | | | |
| **Type of services provided at event (Tattoo, Body Piercing etc.):** | | **Disposable Equipment** | | | **Multiuse Equipment\*** | | |
| **Yes** | **No** | | **Yes** | | **No** |
| 1. Click or tap here to enter text. | |  |  | |  | |  |
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| *\*Note: Multiuse equipment must be cleaned and sterilized/disinfected at an approved business and transported to the temporary event in such a way that the integrity of sterilized/disinfected 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 that will be used at the event.* | | | | | | | |
| **Single Use Disposable Equipment Used at Event:** | | **Reusable Equipment Used at Event:** | | | | | |
| Applicators Nail Buffers  Clamps / Forceps Razors  Dental bibs Sterile Grips/Tubes/Barrels  Gloves Sterile Needles  Ink caps Sterilization packaging  Nail Files Tattoo Stencils  Other (specify): Click or tap here to enter text. | | Cuticle Nippers  Clamps / Forceps  Grips / Tubes / Barrels  Nail Clippers  Scissors  Tattoo Machine / frame  Other (specify): Click or tap here to enter text. | | | | | |
| **Approved sharps container provided?** YES | NO |  | |  | |  | |
| **Water Supply** | | **Garbage & Wastewater Disposal** | | | | | |
| Municipal Water Bottled Water  Hauled Water - If water hauled, please provide: **Name of hauler:** Click or tap here to enter text.  **# of hauler:** Click or tap here to enter text. | | # of lined garbage cans in vending booth: Click or tap here to enter text.  Method of Wastewater Disposal:  Municipal  Other (specify): Click or tap here to enter text. | | | | | |
| **Hand Hygiene Stations** | | **Hand Station Supplies** | | | | | |
| At booth  In designated Washroom  Portable hand washing station | | Liquid Soap in dispenser Hand Sanitizer  Paper towel in dispenser Moist hand towelettes  Other (specify): Click or tap here to enter text. | | | | | |
| **Cleaning & Disinfecting** | | | | | | | |
| **Disinfectant(s) to be used (specify name/type and DIN/NPN):** Click or tap here to enter text.  **What will they be used for:** Click or tap here to enter text.  **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*. | | | | | | | |
| **Proof of Public Health Inspection** | | | | | | | |
| Attach the most recent inspection report received from your Public Health Unit.  Please provide the name of the Public Health Unit you are inspected by:Click or tap here to enter text. | | | | | | | |
| **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 truthful and accurate.  **Print Name:** Click or tap here to enter text. **Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a 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:** Click or tap here to enter text.  **Inspector Signature:** Click or tap here to enter text. | | | | **Date:** Click or tap to enter a date. | | | |