

## APPLICATION FOR HEALTH UNIT APPROVAL

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

### Personal Service Temporary Application Form – Tattoo & Piercing Vendors

- ✓ Each temporary personal services vendor MUST submit an 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 [O. Reg. 136/18: Personal Service Settings](#) and the current [Guide to Infection Prevention and Control in Personal Service Settings](#).
- ✓ Extreme body modification services (e.g. scarification, dermal implants), oral piercings and genital piercings are not permitted at temporary events.
- ✓ Applications MUST be approved prior to the event. **Failure to receive approval prior to the event may result in closure of the vendor booth, delay in offering services, 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:
Business Address:	Owner Phone:
Business Phone:	Email:
Corporation Name or Number:	Booth Number:

Will there be multiple artists/piercers working at your booth? ☐ Y ☐ N

If yes, will artists/piercers be providing their own equipment, or will equipment be supplied by the vendor?

☐ Own Equipment ☐ Vendor Equipment

Please provide name(s) and phone numbers of all artists/ piercers (please indicate artist or piercer):

	Full Name and Phone Number	Artist ✓	Piercer ✓
1			
2			
3			
4			
5			
6			
7			

Type of service offered: ☐ Tattooing ☐ Piercing ☐ Other: \_\_\_\_\_

What type of equipment will you be bringing to the event: ☐ Reusable\* ☐ Single-Use

\* Note: Reusable equipment must be cleaned and reprocessed at an approved business and transported to the event in such a way that the integrity of the reprocessed equipment is maintained (e.g. in puncture proof containers with tight fitting lids, not left in vehicles overnight). If using equipment that has been sterilized, at least 14 days prior to the event, vendors must provide the Simcoe Muskoka District Health Unit documentation of the most recent 3 consecutive pass spore tests for the approved sterilizer used to process the reusable equipment that will be used at the event.

### Single Use Disposable Equipment

Please list all single use disposable equipment you plan to bring/ use at event. Failure to list equipment for review may result in direction not to utilize equipment during event.

- ☐ Applicators
- ☐ Clamps/ Forceps
- ☐ Dental Bibs
- ☐ Gloves
- ☐ Disinfected Ink Caps
- ☐ Razors
- ☐ Sterile Grips/ Tubes/ Barrels
- ☐ Ink Caps\*
- ☐ Sterile Needles
- ☐ Tattoo Stencils
- ☐ Bandages used: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

- ☐ Tattoo Cartridges:
- ☐ **List cartridges that will be used during event (if applicable):**

**Approved Sharps Container:**   ☐ Y   ☐ N

*\*Note: Ink Caps must be disinfected at inspected facility prior to event and transported to event in sealed container.*

### Reusable Equipment

Please list all reusable equipment you plan to bring/ use at event. Failure to list equipment for review may result in direction not to utilize equipment during event.

- ☐ Clamps/ Forceps
- ☐ Grips/ Tubes/ Barrels
- ☐ Rotary Tattoo Machine
- ☐ Pen Style Cartridge Tattoo Machine
- ☐ Scissors
- ☐ Bottles
- ☐ Other: \_\_\_\_\_

### Hand Hygiene

Handwashing Stations:

- ☐ Temporary Handwash Station at Booth
- ☐ Portable Handwashing Station
- ☐ Alcohol Based Hand Rub (min 60%)
- ☐ Other (specify): \_\_\_\_\_

Supplies:

- ☐ Liquid Soap in Dispenser
- ☐ Paper Towel in Dispenser
- ☐ Moist Hand Towelettes
- ☐ Other (specify): \_\_\_\_\_

### Cleaning & Disinfecting

Which Health Canada Approved Disinfectant(s) will you be bringing to the event:

DIN/NPN indicated on label of disinfectant:  
What will each disinfectant be used for?

*Note: All reusable equipment must be stored in a puncture proof container with a tight-fitting lid, specified for the purpose of transporting dirty equipment back to a business home base for cleaning, disinfection and/ or sterilization.*

## Transporting Equipment

Please detail how you will be transporting equipment to and from event (e.g., sealed containers):

Please detail how you plan to store/ maintain equipment in a clean and sanitary manner during event:

Please ensure that the following required documentation is attached to your application, if applicable:

- ✓ The most recent inspection report received from your local Public Health Unit
- ✓ Manufacturer's instructions/claims stating backflow prevention for single-use tattooing cartridges
- ✓ Three most recent spore test results from the approved sterilizer used (if applicable)
- ✓ Copy of documentation describing service and any risks associated (i.e., Waiver) and aftercare instructions that will be provided to clients at event. Note: Records required under the regulation must be maintained for temporary event.

## Applicant:

☐ I have reviewed relevant requirements as detailed at the top of this form. I understand the requirements for temporary personal service vendors and have provided the information to all personal service workers that will be working at the event. I agree that all the information provided on both pages of this form is truthful and accurate.

☐ I understand that the information provided on this form is truthful to how I will operate during the event. I understand that failure to indicate equipment on this form may result in direction not to utilize equipment during the event.

☐ I understand that I am responsible to provide all the equipment required to operate my temporary business safely. I understand that failure to provide required equipment may result in closure of my vendor booth or other enforcement action.

**Print Name:**

**Signature:**

**Date:**

## To be completed by Public Health Inspector:

Application Approved: ☐ YES ☐ NO

Inspector Comments:

**Inspector Signature:**

**Date:**