

**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 – Personal Service Vendors Non-Invasive Services

- ✓ 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 [Ontario Regulation 136/18: Personal Service Settings](#) and the current [Guide to Infection Prevention and Control in Personal Services Settings, 2019](#).
- ✓ 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.**

### Event Information – To be completed by temporary personal service vendors

Event Name:	Event Address:
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Dates of Operation:	Times of Operation:
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### Vendor Information

Business Name:	Owner Name:
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Address:	Owner Phone Number:
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Business Phone Number:	Email:
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Corporation Name or Number:	Name/ Number of Vendor Booth at Event:
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Booth Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Will there be multiple staff working at your booth? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will staff 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.
- 2.
- 3.
- 4.
- 5.
- 6.

Type of services provided at event (Nails, Henna, Face Paint, Barbering, Facials, etc.):	Disposable Equipment		Multi-use Equipment*	
	Yes	No	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Note: Multi-use 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 the sterilized/disinfected equipment is maintained (e.g., puncture proof containers with tight fitting lids). At least 14 days prior to the event, vendors must provide the Simcoe Muskoka District Health Unit documentation of the most recent 3 consecutive spore tests for the approved sterilizer used to process the multi-use equipment at the event and/ or details on the cleaning and disinfection process for multi-use equipment.*

<b>Single Use Disposable Equipment:</b>	<b>Reusable Equipment:</b>
<input type="checkbox"/> Applicators <input type="checkbox"/> Nail Files/ Buffers <input type="checkbox"/> Razors <input type="checkbox"/> Dental bibs <input type="checkbox"/> Gloves <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cuticle Nippers <input type="checkbox"/> Nail Clippers <input type="checkbox"/> Scissors/ Clippers <input type="checkbox"/> Facial Brushes <input type="checkbox"/> Combs/ Brushes <input type="checkbox"/> Other: _____

<b>Water Supply:</b>	<b>Garbage Supply:</b>
<input type="checkbox"/> Municipal Water <input type="checkbox"/> Bottled Water <input type="checkbox"/> Hauled Water - If water hauled, please provide: _____	Number of lined garbage cans in vending booth: Method of Wastewater Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Other (specify): _____
<b>Name of hauler:</b>	
<b># of hauler:</b>	
<b>Hand Hygiene Stations:</b>	<b>Hand Hygiene Supplies:</b>
<input type="checkbox"/> At booth <input type="checkbox"/> In designated washroom <input type="checkbox"/> Portable hand washing station <input type="checkbox"/> Alcohol-based Hand Rub (min 60%) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Liquid Soap in dispenser <input type="checkbox"/> Paper towel in dispenser <input type="checkbox"/> Moist hand towelettes <input type="checkbox"/> Other (specify): _____

### Cleaning and 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:

- ✓ The most recent inspection report received from your local Public Health Unit

### 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:**