

1. APPLICANT DETAILS

Name: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____

Email: _____

Trading Name: _____

Premises Address: _____

Suburb: _____ Post Code: _____

2. APPLICATION TYPE

TYPE OF BUSINESS: (Please tick all boxes applicable)

Home occupation

Mobile

Commercial

Semi-critical procedures:

Body Waxing

Shaving

Microdermabrasion

Manicures and/or pedicures

Acrylic nails

Threading

Tweezing

Tattoo

Ear/body piercing

Non-critical procedures:

Massage

Facials

Make-up application

Eye lash and eye brow (tinting/extension)

Other: please detail the treatments/procedures/services that you provide/offer:

Facilities: (please tick or circle where applicable)

General requirements:

- Types of floors (e.g., nonslip tiles, vinyl etc.): _____
- Types of walls (e.g., painted, tiles etc.): _____
- Workstations separate from treatment area Yes/No
- Areas used for skin penetration procedures, workspace, and preparation areas. Yes/No
- shall be illuminated to a level that complies with AS 1680.2
- Is the premises connected to sewer? Yes/No
- Sanitary facilities for staff and patrons? Yes/No

Cleaning facilities:

- A sink supplied with hot and cold water designated for cleaning/decontaminating equipment Yes/No
- Workspace for cleaning area separate from preparation area Yes/No

Hand washing facilities:

- Number of hand wash basins: _____
- Location of hand wash basins in immediate treatment area Yes/No
- Hot water service provided at hand wash basins Yes/No
- Hand wash basin fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel Yes/No

Laundry facilities:

- Receptacle for used, dirty or soiled linen Yes/No
- Available on the premises Taken home for washing.
- Dryer being installed with adequate exhaust ventilation Yes/No
- Separate from staff facilities and/or food preparation area Yes/No

Staff facilities:

- A sink with hot and cold running water separate from equipment wash up sink Yes/No
- Storage cupboard for personal belongings Yes/No
- Personal protective clothing worn:

Gloves Eye Protection Aprons/Gowns Face masks
Other please specify: _____

- First Aid kit provided Yes/No
- Staff to be aware of Australian National Council on AIDs needle stick policy and infection control procedures and safe working practices Yes/No
- Staff will be offered immunization e.g., Hepatitis B vaccine against infections which are a potential risk in a skin penetration environment Yes/No

Waste disposal:

- Sharps container (AS4031 compliant) Yes*/No

Ventilation:

N a t u r a l M e c h a n i c a l * (AS1668 & AS3666 compliant)

* If mechanical ventilation proposed to be installed will be an evaporative air conditioner, please complete an application for the installation of an air handling system.

- Exhaust or extraction proposed to be installed to remove vapours and fumes arising from manicures and pedicures to external air Yes/No
- Disinfection of equipment and skin preparation Yes/No

- Name of disinfectant(s): _____

- Active ingredient: _____

- Name of disinfecting solution for skin preparation: _____

70% W/W isopropyl alcohol 80% V/V ethyl alcohol
 60% V/V isopropyl alcohol Other

If Other, please specify _____

- Sterilisation required for critical procedures

A u t o c l a v e D r y h e a t s t e r i l i s a t i o n

Brand: _____ Model: _____

Temperature: _____ Pressure: _____ Time: _____

PLEASE NOTE: the following 3 information items must be provided in writing with this application.

1. Copy of the internal fittings detailed layout showing the locations of the following:
 - a) Procedures area e.g., for waxing, tattooing, massage etc. (please indicate the type of floor covering, walls, ceiling, shelves, fittings, and any other furniture present).
 - b) Hands free type hand wash basin supplied with hot and cold water, soap, and paper towels in the immediate treatment area.
 - c) Sink designated for cleaning and decontaminating equipment only.
 - d) Workspace and preparation area (separate from treatment areas).
 - e) Workstations.
 - f) Instruments and equipment storage area.
 - g) Preparation area for refreshments.
 - h) General waste and medical wastes receptacles.
 - i) Laundry facilities.
 - j) natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.); k) Staff facilities including kitchen sink and storage cupboard; l) Sanitary facilities.

2. Details of sterilisation equipment(s) to be used (if applicable) Please include the following details:
 - Specifications
 - Details of calibration including certificate of calibration
 - Details of maintenance including servicing details and log sheets

3. Cleaning, disinfection and/or sterilisation plan (if applicable)

Declaration:

I, _____ (name of the applicant) declare that the information contained in this application is true and correct in every particular.

Signature of applicant: _____ **Date:** _____

