

Application for Skin Penetration Procedure Establishment

Health (Skin Penetration Procedure) Regulations 1998

Premises Details

Name of Business: _____

Address of Business: _____

ABN: _____

Phone Number: _____

Email Address: _____

Hours of Operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Type of Premises: Commercial Home Mobile Other

Proprietor Details

Name: _____

Postal Address: _____

Phone Number: _____

Email Address: _____

Training and Qualifications Attained (certificates to be attached to application)

Procedures to be carried out on premises (tick):

- Tattooing
- Ear and body piercing

- Waxing
- Nail treatments (i.e. manicure, pedicure)
- Make-up application
- Eye-lash extensions
- Cosmetic tattooing
- Acupuncture
- Skin needling
- Dry needling
- Permanent hair removal (e.g. IPL)
- Cosmetic injectable
- Other (please specify)

Food/drinks to be prepared on premises?

- Yes (*Food Act 2008* Notification/Registration Form must be submitted)
- No

Note: If refreshments are provided, they must be prepared in a completely separate room.

Explain how you will undertake the following procedures:

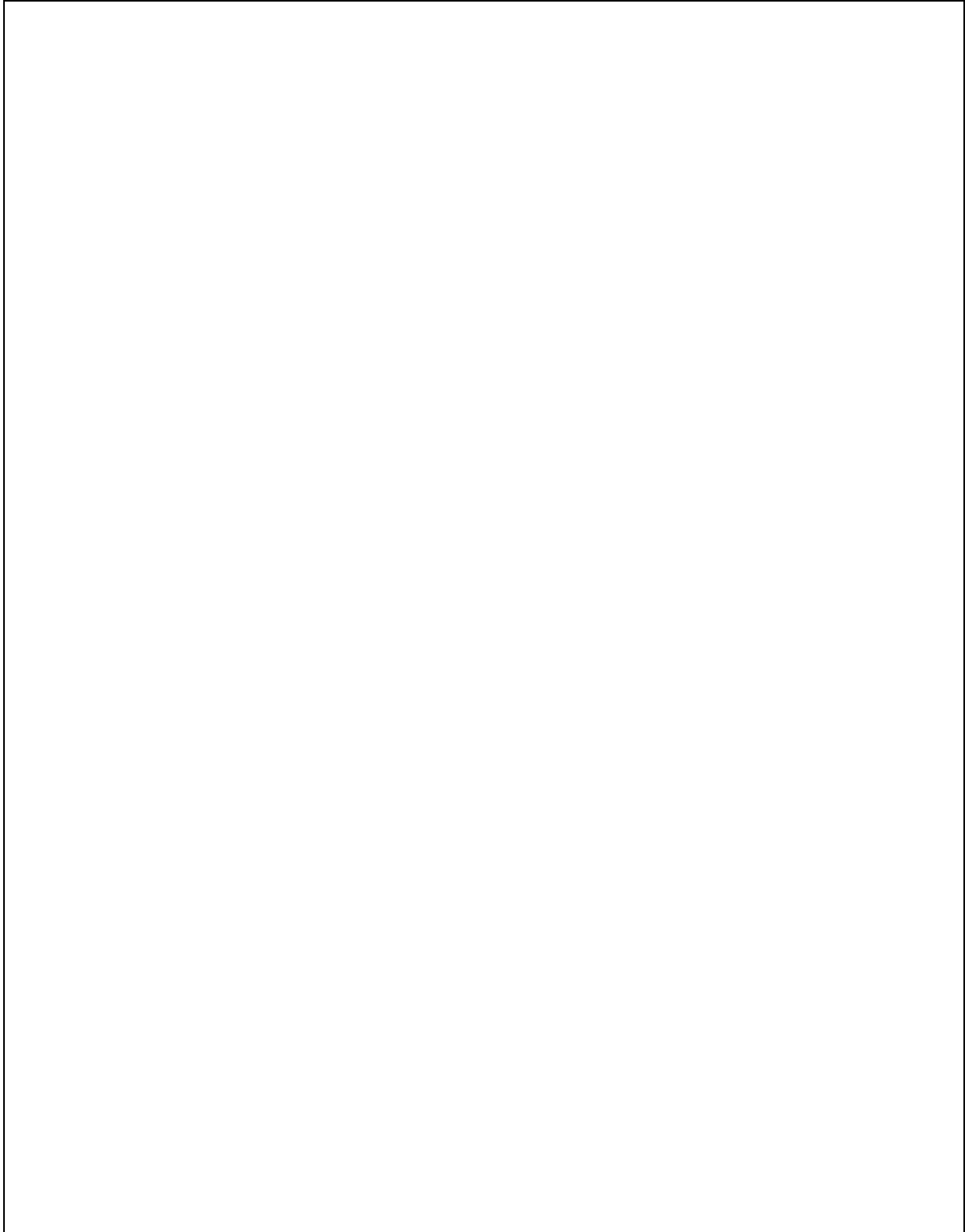
Equipment Sanitization

Laundering Towels & Linen

Cleaning and Maintenance

Disposal of Sharp Equipment

Site Plan



Please provide a diagram of the proposed layout of the establishment – Sketch above or attach relevant files as appropriate.

Declaration:

I declare as the person making this application that the information contained in this application is true and correct.

I have read:

- *Health (Skin Penetration Procedure) Regulations 1998*; and
- Code of Practice for Skin Penetration Procedures

I have **attached** the following:

Injury management procedure

Public Liability Insurance

Training certification/ qualification attainment

A detailed site plan including:

- Procedure area (for example: type of floor covering, walls, ceiling, shelves and fitting);
- Two sinks (one dedicated for handwashing and the other for equipment cleaning);
- Work stations and preparation area (separate from treatment areas);
- Preparation area for refreshments (if applicable) ;
- Instruments and equipment storage area;
- General waste and medical waste receptacles;
- Laundry facilities; and
- Natural / Mechanical Ventilation (for example: windows, evaporative air conditioner outlet etc.).

I declare as the person making this application that the information contained in this application is true and correct and that the prescribed fee of **\$95** is enclosed.

Note: If you do not include all required information, the assessment of your application may be delayed.

Signature of Applicant:	
Date:	