

Skin Penetration Premises Notification Form



Health (Miscellaneous Provisions) Act 1911
Health (Skin Penetration Procedure) Regulations 1998

Date of Publication 05/08/2024

TYPE OF PREMISES

- Skin Penetration (includes beauty therapy procedures)
 Both Skin Penetration and Hairdressing

Premises Details			
Trading Name:			
Address of Premises:			
Suburb:		Postcode:	
Daytime Phone:		Mobile:	
Email:			
Name of person in charge and position:			
Hours of Operation			
Sunday		Monday	
Tuesday		Wednesday	
Thursday		Friday	
Saturday			
Proprietor Details <i>(Details of the Sole Trader / Partnership or Company Legally Responsible for the Business)</i>			
Proprietor Name:			
Proprietor Residential / Registered Office Address:			
Suburb:		State:	Postcode:
Daytime Phone:		Mobile:	
Email:			

SERVICES PROVIDED (Tick all applicable)

<u>CRITICAL PROCEDURES</u>	<u>SEMI CRITICAL PROCEDURES</u>	<u>NON-CRITICAL PROCEDURES</u>
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Waxing	<input type="checkbox"/> Massage
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Threading	<input type="checkbox"/> Spray Tanning
<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Tweezing	<input type="checkbox"/> Hairdressing
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Manicure	<input type="checkbox"/> Facials
<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Pedicure	
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Intense Pulsed Light (IPL)	
<input type="checkbox"/> Lancing	<input type="checkbox"/> Shaving	

OTHER PROCEDURES (please detail)

DETAILS OF PROPOSED OPERATIONS

1. Hand wash basin/s hands-free in operation with a single outlet of warm water?
Yes / No
2. Are liquid soap dispenser/s and single use paper towel dispenser/s installed at the hand wash basin/s?
Yes / No
3. Do you provide refreshments to customers (e.g. complimentary drinks)? If yes, please provide details.
Yes / No

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4. Is personal protective clothing worn?
Gloves / Eye protection / Apron / Gowns / Face masks
Are the items circled above single use?
Yes / No
 5. Is sharps container AS 4031 compliant?
Yes / No
 6. Which company is used for disposal of sharps:

7. Please describe how you undertake the following procedures:

a) Equipment Sterilisation:

b) Skin Preparation:

c) Laundering (on-site / off-site):

d) Cleaning and Maintenance of Premises:

e) Control and clean-up of blood or bodily fluid spills:

f) Staff training in health and hygiene:

Provide detailed plans showing the following (scale 1:100 or 1:200):

- Overall premises site plan
- Procedure area/s including floor covering, walls, ceiling, shelving, finishes, fittings, and fixtures
- Hand wash basin/s (hands-free and supplied with warm water)
- Workstations and preparation areas
- Treatment rooms (if applicable)
- Food handling area for refreshments (if applicable)
- Instruments and equipment storage area
- General waste and medical waste receptacles (if applicable)
- Laundry facilities (if on-site)
- Natural / mechanical ventilation (e.g. windows, evaporative air-conditioner)

Declaration	
I have read the requirements of the <i>Health (Skin Penetration Procedure) Regulations 1998</i> and the Code of Practice for Skin Penetration Procedures . <i>Legislation is available on the Western Australian Legislation Website at https://www.legislation.wa.gov.au/</i>	<input type="checkbox"/>
I have read the requirements of the Guideline for the management of public health risks associated with the hairdressing and barber industry (if applicable).	<input type="checkbox"/>
I have provided detailed plans as specified on page 3 <i>(required for a new premises, or alterations to an existing premises)</i>	<input type="checkbox"/>
Signature:	
Name of applicant: <i>(include position if company)</i>	
Date:	

Please submit this form and plans to the City of Belmont:

In Person: City of Belmont Civic Centre, 215 Wright Street, Cloverdale
 By Mail: City of Belmont Health Services, LMB 379, Cloverdale WA 6985
 By Email: belmont@belmont.wa.gov.au