



Application to Register a Skin Penetration Premises
Health Act 1911 & Health (Skin Penetration Procedure) Regulations 1998

Proprietors Details

Company Name _____

Proprietor Name _____

Address _____

Phone (Work) _____ (Home) _____

(Mobile) _____ Fax _____

E-Mail _____

Premises Details

Name _____

Contact Person _____

Address _____

Premises Phone _____

E-Mail _____

Type of Business

- Home occupation i.e. private residence Commercial Mobile
- Other _____

Type of Activities

- Tattooing General Beauty Therapy Acupuncture
- Threading Manicures & Pedicures Electrolysis
- Body Piercing Solarium / Tanning Booth Massage Therapy
- Other _____

Details of Proposed Operations

1. Are shelving, benches, cupboards, cabinets and tables constructed or finished with a material that is both smooth and impervious? YES NO



2. What provisions are made for the reception of soiled linen, towels and other cloths? _____

3. What provisions are made for the reception of trade wastes? _____

4. How many work stations will there be? _____

5. How many wash basins will there be? _____

6. Will any personal protective clothing be worn?

- Gloves Eye protection Aprons/gowns Face masks

Other _____

7. Sharps container: AS 4031 Compliant

Company used for disposal _____

8. Please outline how you undertake the following procedures:

- Equipment disinfection and sterilisation _____

- Disinfection solution(s) used _____

- Skin preparation _____



- Laundering (identify if done on site and water temperature) _____

- Cleaning and maintenance (attach schedule if appropriate) _____

9. Is each wash basin provided with a reticulated hot and cold water supply capable of delivering a flow of water not less than 0.08L/sec from each tap? YES NO

10. Is the hot water delivered at a minimum temperature of 38°C? YES NO

11. Is the hand wash basin of hands-free operation with a single outlet of warm water? YES NO

12. Has a liquid soap dispenser and single-use paper towel dispenser been installed for handwashing? YES NO

13. Will ventilation be Mechanical Natural

14. Are you proposing to conduct any practices other than the skin penetration activities indicated above at the premises? YES NO

If yes, please describe proposed activities _____

15. Will refreshments be prepared for customers on the premises? YES NO

Where will they be prepared? _____

If yes, you will be required under the *Food Act 2008* to register as a food business. A *Food Business Notification / Registration form* is to accompany this application.



Declaration

I have read the:-

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


I have attached plans of the proposed premises with this application detailing the following:-

- Procedure area (for examples: type of floor covering, walls, ceiling, shelves and fittings);
- Hand wash basin supplied with hot and cold water;
- Work stations and preparation area (separate from treatment areas);
- Preparation area for refreshments;
- 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).

This is a legal document, by signing this document you declare that all information entered is true and correct. Should you make any changes to your operations you are required to contact the City prior to doing so.

Signature _____ Date _____

Please submit this form together with payment of the application fee and plans by the following options:

- | | | | | | |
|-------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|-------------------------------------|
|  | Email | council@nedlands.wa.gov.au |  | Fax | 08 9273 3670 |
|  | Mail | City of Nedlands
PO Box 9
NEDLANDS WA 6909 |  | In person | 71 Stirling Hwy
NEDLANDS WA 6009 |

Office Use Only:

- Compliance with *Health Local Law 1997 Division 2 Section 16 Laundries*
- Food or drinks offered
- Payment received \$88.00

Receipt Number _____