

Skin Penetration Premises Application
Health (Miscellaneous Provisions) Act 1911 & Health (Skin Penetration Procedure) Regulations 1993

Premises Details

Name Premises Phone
 Address..... Post Code
 Tattooing Body Piercing Acupuncture Other.....

Proprietors Details

Company Name.....
 Contact Person
 Address..... Post Code
 Phone (Work).....(Home) (Mobile).....
 E-Mail..... Fax.....
 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

Details of Proposed Operations

1. Is the hand wash basin of hands-free operation with a single outlet of warm water? YES NO
2. Has a liquid soap dispenser and single-use paper towel dispenser been installed? YES NO
3. What materials have been used for shelving, cupboards and flooring?.....

4. Personal protective clothing: Gloves Eye protection Aprons/gowns Face masks
5. Sharps container: AS 4031 Compliant Company used for disposal
6. Please outline how you undertake the following procedures:
 - Equipment sterilization
 - Skin preparation
 - Laundering
 - Cleaning and maintenance (attach schedule if appropriate)

Signature Date

Please Submit This Form and Plans By the Following Options:

In Person:
 City of Nedlands
 71 Stirling Hwy

By Mail:
 City of Nedlands
 Health Services
 PO Box 9
 Nedlands WA 6909