



Personal Service Settings Special Event Coordinator/Organizer Application Form

This application form **must** be submitted to the Durham Region Health Department (DRHD) **30 days prior** to any event. Each **vendor must** submit their completed application form to the DRHD at least **15 days prior** to the event. Events must comply with the requirements in the Guidelines for Special Events with Personal Service Settings and Personal Service Settings Regulation O. Reg 136/18, under the Health Protection and Promotion Act, R.S.O., 1990, c. H.7 as amended.

Submit completed application form via durham.ca/healthinspectionforms, fax to 905-666-1887, or deliver/mail to 101 Consumers Drive, 2nd floor, Whitby, ON, L1N 1C4 or 181 Perry Street, 2nd floor, Port Perry, ON, L9L 1B8.

Event Information	
Name of Proposed Event:	Proposed Location (Address) and Municipality:
Date(s) of Operation: (dd/mm/yyyy)	Expected Daily Attendance: _____ Expected Number of Vendors: _____
Time(s) of Operation: (e.g., A.M. – P.M.)	Vendor Set up: <input type="checkbox"/> Indoor Facility <input type="checkbox"/> Outdoor Facility
Coordinator/Organizer Information	
Name of Sponsoring Group or Agency:	Contact Person and Mailing Address:
Legal Name, if applicable (i.e., Corporation Name/Number):	Phone:
	Business Phone or Cell:
	Email:
	Website/Social Media Handle:
Services	
Type of services at this event (mark all that apply):	
<input type="checkbox"/> Manicure <input type="checkbox"/> Micropigmentation <input type="checkbox"/> Pedicure <input type="checkbox"/> Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Waxing <input type="checkbox"/> Other services, please describe: _____	
All items that require sterilization such as needles, needle bars, jewelry, forceps, etc. will be brought to the venue pre-packaged and sterile?	
<input type="checkbox"/> Yes* <input type="checkbox"/> Items used at the event do not require sterilization	
* Sterilized items by the owner/operator at their business locations must have the date of sterilization on the package. Spore test results are required at the venue.	
** Sterilization of equipment on-site is not allowed at the venue.	

Will sharps, such as needles, razors, etc., be used on site?
 Yes* No sharps will be used at the event

* An approved sharps container is required for the disposal of all sharps.

Method of sharps container disposal: _____

Company Name: _____

Vendor will bring back to business location

Items need to be cleaned and disinfected on-site? Yes No

*If Yes or Unsure, sinks must be available, conveniently located, large enough to fit the largest item and designated for the cleaning and disinfection of these items. Any exceptions must be discussed and approved by the Public Health Inspector. If disinfection is necessary, soap, utility gloves, and a scrub brush is required.

A high-level disinfectant must be available on-site for the disinfection of items contaminated with blood or bodily fluids.

Water Source and Waste Disposal

Potable Water Source:

Is your water supply line made of food grade material? Yes No N/A

Select the type of water supply being used:

Municipal Supply Commercially Bottled Well Other N/A

Hauled Municipal Water

Company Name, Address, and Phone Number of Water Hauler, if applicable: _____

Hydro:

Electricity available to vendors: Yes No

Back-up power available: Yes No

Sewage and Garbage Disposal:

Method of sewage disposal: Municipal Private/Septic Portable Toilets N/A

Number of garbage receptacles on-site: _____ Number of dumpsters on-site: _____

Garbage will be disposed of: Daily Other, please explain: _____

Person responsible for garbage disposal: _____ Phone number: _____

Sanitary Facilities:

Number of Portable Toilets: _____ Number of Permanent Toilets: _____

Number of Portable Hand Wash Basins: _____ Number of Permanent Hand Wash Basins: _____

Site Plan for Event

Provide a drawing of the layout of the event in the box on page 4 below (electronic layout/drawing is acceptable). You should consider including the following items in your drawing, if applicable:

- Personal Service Settings Vendors
- Vendor hand wash stations
- Public hand wash stations
- Washroom facilities
- Garbage disposal
- Reprocessing station (for cleaning and disinfecting)
- Electrical sources
- Water sources
- Wastewater disposal

Additional information may be added such as location of existing buildings, location of private sewage systems, topographical characteristics (such as roads, ponds, streams, etc.), personal service vendors, petting zoos, and any other details that are necessary to properly access the site.

Please attach separate sheet(s) of paper if more space is required for the layout of the site plan for event.

Site drawing:

Personal Service Vendor Registration List

List all vendors on the next page and submit via durham.ca/healthinspectionforms as new vendors are added to the list. It is the responsibility of the Event Coordinator/Organizer to provide each vendor with the vendor application package.

Vendor application submissions to the Health Department will be the responsibility of the vendor **and** the coordinator.

All vendors must be approved by the Health Department prior to the event.

Vendors at the event that do not have a Health Department approved application form will be ordered to close their booth.

Health Department Use Only

Nexus Number: _____

- Advised Coordinator/Organizer to provide 'Guidelines for Special Events with Personal Service Settings' to **each** vendor
- Reviewed Guidelines with Event Coordinator/Organizer: Yes No Subject to Requirements
- Referred to Tobacco Enforcement Officer – Date: _____
- Referred to Food Inspector – Date: _____
- Referred to Part 8 Inspector – Date: _____

Well Information:

Well Address/Location:

Well type Drilled Dug/Bored

Treatment: No Yes, if "Yes" what type Chlorine U/V and filter

Other, specify: _____

Water sample to be taken two weeks prior to the event.

Water sample taken: No Yes, if "Yes" – date taken: _____

Water sample satisfactory: Yes No, if "No" – resample taken Yes No Date taken: _____

Water sample results: Initial sample E. coli _____ Total coliforms _____

Inspector's Comments/Requirements:

Date: _____ Inspector's Name: _____ Signature: _____

Durham Region Health Department – Whitby Office 101
Consumers Drive, 2nd Floor, Whitby, ON L1N 1C4 Phone:
905-668-2020 Fax: 905-666-1887
durham.ca/healthinspectionforms

Durham Region Health Department – Port Perry Office
181 Perry Street, 2nd Floor, Port Perry, ON L9L 1B8
Phone: 905-985-4889 Fax: 905-982-0840
durham.ca/healthinspectionforms

Information on this form is collected and used under the authority of the Health Protection and Promotion Act, R.S.O. 1990, cH.7., s.5 and its Regulations. The information is collected and used for processing your application for a personal services special event; to ensure compliance with legal and/or regulatory requirements; for preventing, eliminating and/or decreasing the effects of a health hazard; and, for planning, providing, and evaluating services provided by Health Department staff for promoting health and protection. Questions about this collection and use of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711. Information available in alternate formats.