



# Personal Services Special Event Vendor Application Form

Each vendor **must** submit a completed application form to the Durham Region Health Department at least **30 days prior** to the event and applications **must** be approved **prior** to attendance at events. Events must comply with applicable sections of the current Personal Service Settings Regulation O. Reg 136/18, under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 as amended.

**Note: Failure to receive prior approval may result in closure of premises, or other legal action if inspection reveals significant public health concerns.**

Submit completed application form via [durham.ca/healthinspectionforms](http://durham.ca/healthinspectionforms), fax 905-666-1887, or deliver/mail to 101 Consumers Drive, second floor, Whitby, ON, L1N 1C4, or 181 Perry Street, second floor, Port Perry, ON, L9L 1B8.

<b>Personal Services Vendor</b>	
<b>Event Information</b>	
Event Name:	Location (Address) and Municipality:
Date(s) of Operation: (dd/mm/yy)	Time(s) of Operation: (e.g. A.M. – P.M.)
<b>Organizer Information</b>	
Name of Event Organizer or Sponsoring Group or Agency:	
Contact Person:	
Mailing Address:	Phone:
	Email:
<b>Vendor Information</b>	
Vendor Business Name:	Legal Name: (e.g. Corporation Name and/or Number)
Operator Name(s) and Address:	Phone:
	Business phone or Cell:
	Email:
	Website/Social Media Handle:
Vendor Set Up: <input type="checkbox"/> Indoor Facility <input type="checkbox"/> Outdoor facility	

Are you a first-time participant of a Special Event in Durham Region?  Yes  No

If no, please share name of most recent event you attended in Durham Region:

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of vendor booth and/or booth number at event: \_\_\_\_\_

## Services

Type of services at this event (mark all that apply):

- Manicure  Micropigmentation
- Pedicure  Piercing
- Tattooing  Waxing
- Other services, please describe: \_\_\_\_\_
- No services offered to the public

**All items that require sterilization such as needles, needle bars, jewelry, and forceps will be brought to the venue pre-packed and sterile?**

- Yes\*  Items brought to 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.

\*\* There is no sterilization of equipment on-site at the venue.

**Instrument Suppliers** – Provide Name/Address/Phone number of all suppliers of **Pre-Packaged, Pre-Sterilized Instruments**

Attach separate sheet of paper if more space is required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Labelled container(s) to store and transport dirty items will be available:  Yes

## Hand Washing and Reprocessing

### Separate Handwashing Basin:

Is there a separate handwashing basin with hot and cold or warm running water provided in the service area?

Yes – Fixed Sink  Yes – Portable Sink How many sinks provided: \_\_\_\_\_

No, please explain: \_\_\_\_\_

Do you have a supply of liquid soap and paper towels provided for the handwashing sink(s)?

Yes  No, please explain: \_\_\_\_\_

Alcohol-based hand rub available 70%-90%?  Yes  No

<b>Reprocessing Station:</b>	
Will an ultrasonic cleaner be used to clean instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the ultrasonic cleaner must be operated in accordance with the Public Health Ontario (PHO) Guide to Infection Prevention and Control (IPAC) in Personal Service Settings, third edition	
What type of disinfectant will be used? Please specify: _____	
Will test strips be provided for disinfectant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will instruments be cleaned and disinfected? <input type="checkbox"/> On-site <input type="checkbox"/> Off-site, if off-site, please provide the following:	
Name of Premise: _____	
Location (address): _____	
Phone number: _____	Relation to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Other

## Water Source and Waste Disposal

<b>Potable Water Source:</b>
Select the type of water supply being used:
<input type="checkbox"/> Municipal Supply <input type="checkbox"/> Commercially bottled <input type="checkbox"/> Hauled Municipal Water <input type="checkbox"/> n/a
<input type="checkbox"/> Name, Address, and Phone number of Water Hauler, if applicable: _____
<b>Wastewater and Garbage Disposal:</b>
Method of wastewater disposal: <input type="checkbox"/> Holding tank <input type="checkbox"/> n/a <input type="checkbox"/> Other, specify: _____
Will a garbage receptacle be provided at your booth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

This report does not purport to set forth all hazards nor to indicate that other hazards do not exist at the time services are rendered. By issuing this report, neither the Durham Region Health Department nor any of its employees makes any warranty, express or implied, concerning the property described in this report. Furthermore, neither the Durham Region Health Department nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.

## Health Department Use Only

Application Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Subject to Requirements (as indicated in comments below)	
<b>Inspector's Comments/Requirements:</b>	
Date: _____	Inspector's Name: _____      Signature: _____
Durham Region Health Department – Health Protection Div. 101 Consumers Drive, Whitby, ON L1N 1C4 Phone: 905-668-2020 Fax: 905-666-1887 <a href="http://durham.ca/healthinspectionforms">durham.ca/healthinspectionforms</a>	Durham Region Health Department – Port Perry Office 181 Perry Street, Port Perry, ON L9L 1B8 Phone: 905-985-4889 Fax: 905-982-0840 <a href="http://durham.ca/healthinspectionforms">durham.ca/healthinspectionforms</a>