TEMPORARY SKIN PENETRATION NOTIFICATION FORM

CITY OF VINCENT

Health (Skin Penetration Procedure) Regulations 1998

This form is to notify a business performing skin penetration procedures. Notifying skin penetration procedures is a requirement of the *Health (Skin Penetration Procedure) Regulation 1998*. There are no fees required for providing notification.

BUSINESS DETAILS		
Business trading name		
Address of business		
How many full-time equivalent employees do you intend to employ? *(please tick the box that applies to your food business)*	☐ None (sole trader) ☐ 1-19 (small business)	☐ 20-199 (medium business) ☐ 200+ (large business)

PROPRIETOR DETAILS	
The Proprietor is either the individual/s (e.g. Sole Trader/Partnership) or Body Corporate (Pty Ltd company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity.	
Proprietor name	
ABN / ACN	
Postal address	
Mobile number	
Email address	

EVENT DETAILS		
Event name		
Date/s of event		
Location		
Operating hours (from time of arrival to time of departure)	Start:	Finish:

TYPE OF SKIN PENETRATION PROCEDURE	
Please indicate which of the following will be performed? (please tick all that apply)	
☐ Acupuncture	☐ Electrolysis
☐ Body/Ear piercing (including branding, scaring etc.)	☐ Microdermabrasion
☐ Cosmetic tattooing	☐ Tattoo
☐ Other	☐ Waxing

DETAILS OF THE OPERATION ON THE DAY OF EVENT
Hand wash facilities *Detail what hand washing facilities will be provided and where they are located*
Cleaning *Please detail cleaning and sterilisation procedures that will be in place*
Waste Disposal *Please detail how biological waste and sharps will be safely disposed of*

DOCUMENTS	
Please attach the following:	
Floor plan *(Please attach a floor plan of the premises and include details of surface finishes of floors/walls/benches/equipment etc.)*	☐

DECLARATION	
I declare that the information contained in this application is true and correct, that I will notify the City's Health Services of any variation to details provided within this application prior to trading. I declare that I have read and understood the Health (Skin Penetration) Regulations 1998 and Code of Practice for Skin Penetration Procedures 1998 (applicable for skin penetration premises).	
Name of applicant(s)	
Position of applicant(s) *(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign)*	
Signature of applicant(s)	
Date	

To submit your application please email this form to mail@vincent.wa.gov.au