Personal Services Setting Special Event Permit Application

Northeastern PUBLIC HEALTH SANTÉ PUBLIQUE du Nord-Est

This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off to any Northeastern Public Health office or emailed to inspections@neph.ca. If you require assistance, please call Environmental Health Services at 1-877-442-1212.

Event Information

Name of Event: _____ Location of Event: _____

Date(s) of Event: _____ Hours of Operation: _____

Expected Number Attendance: _____

Operator Information

Business Name: _____ Name of applicant: _____

Street Address: _____ Postal Code: _____

City/Town: _____

Telephone: _____ Type: ☐ Home ☐ Mobile ☐ Work ☐ Other (specify): _____

Email: _____ Fax: _____

Services Being Offered: ☐ Manicure ☐ Pedicure ☐ Electrolysis ☐ Laser Hair Removal ☐ Tattooing

☐ Boby Piercing ☐ Ear Lobe Piercing ☐ Barbering ☐ Other: _____

Date of last Health Unit Inspection: _____ ☐ Copy of last inspection record enclosed

(if from another health unit jurisdiction)

Personal Service

Single Use Equipment: ☐ Applicator ☐ Gloves ☐ Razors ☐ Toe Separators ☐ Nail Buffers/Blocks ☐ Ink Caps

☐Sterile Needles ☐ Disposable Grips/Tubes/Tips ☐ Piercing Jewelry ☐ Tattoo Stencils ☐ Plastic Covers

☐ Other (specify): _____

Re-usable Equipment: ☐Cuticle Nippers ☐Nail Clippers ☐Scissors ☐Nail/Foot Files ☐Clamps/Forceps

☐Needles ☐Not Applicable ☐Other (specify): _____

Note: Re-usable equipment must be covered with single-use, disposable covers. Re-usable equipment must be cleaned, disinfected or sterilized as appropriate at an approved premise, and used as single-use equipment during the event.

Where will Re-usable Equipment be Reprocessed? :_____

Waste Disposal

Approved Sharps Container: ☐ Yes ☐ No ☐ N/A

Garbage with Lid: ☐ Yes ☐ No ☐ N/A

Method of Waste Disposal: ☐ Municipal

Other (specify): _____

Water Supply

☐ Municipal water ☐ Commercially Bottled Water

☐ Hauled Water: _____

Name of Hauler: _____

Telephone: _____

Cleaning and Disinfecting

Do you have a supply of liquid soap and paper towels provided for the handwashing sink(s)? ☐ Yes ☐ No ☐ N/A

(If no, explain: _____)

Hand Sanitizer (70-90% isopropyl / ethyl alcohol) ☐ Yes ☐ No ☐ N/A

Name of Disinfectant Being Used: _____

Drug Identification Number (DIN) or Natural Product Number (NPN): _____

What will the disinfectant be used on?: _____

Note: All equipment must be stored in puncture proof containers with tight fitting lids and transported back to the main business for cleaning, disinfection/sterilization prior to being re-used.

Power Supply: ☐ Electrical Hook-up ☐ Generator ☐ Not Applicable ☐ Other (specify): _____

Client Records (including name, phone number, date of service and type of service)

☐ Yes ☐ No (If no, explain: _____)

Records for Accidental Exposures: ☐ Yes ☐ No (If no, explain: _____)

I have reviewed the information above and understand the requirements for the operation of this special event.

Print: _____ Sign: _____ Date: _____

The following conditions/recommendations are to be completed before the event is allowed to commence:

_____

_____

_____

Inspector: _____ Date (YYYY-MM-DD): _____

For Office Use Only

☐ O. Reg 136/18

- ☐ Provided Special Event Permit.
- ☐ Entered in Hedgehog as Special Event Vendor.
- ☐ Requires an on-site inspection.

This application is:

☐ Approved

☐ Not Approved

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