



Skin Penetration Business Application

PREMISES DETAILS

Name Premises Phone

Address Post Code

Type of Business: Commercial Home occupation Mobile Other

Type of Activities (tick all that apply):

Critical Procedures:

- Tattooing
- Permanent makeup
- Body Piercing
- Electrolysis
- Acupuncture
- Lancing

Semi-critical:

- Waxing
- Tweezing
- Threading
- Shaving
- Manicures & Pedicures

Non-critical:

- Massage Therapy
- Solarium / Spray Tanning
- Other non-invasive beauty therapy treatments (facials etc)

Other(s).....

PROPRIETORS DETAILS

Registered Business Name

ABN.....ACN (if applicable)

Contact Person

Address Post Code

Phone (Work).....(Home) (Mobile).....

E-Mail..... Fax.....

I have read the Health (Skin Penetration) Regulations 1998 and the Skin Penetration Code of Practice

I have attached a copy of my business registration issued by the Australian Securities & Investment Commission (ASIC) - *this application will not be processed without this document.*

I have attached plans of the proposed premises with this application (*this application cannot not be processed without detailed plans attached*)

I have been granted Planning approval and obtained a Building permit for this development, please supply the DA/Permit number.

Or

I have confirmation from the City's Planning Department & Building Department that the existing use/development does not require Planning approval or a Building permit.

Reference DA

Building Permit:.....

Details required in plans:

- Procedure area (for examples: type of floor covering, walls, ceiling, shelves and fitting);
- Hand wash basin supplied with warm water;
- Work stations and preparation area (separate from treatment areas);
- Preparation area for refreshments;

- Instruments and equipment storage area;
- General waste and medical waste receptacles;
- Laundry facilities; and
- Natural / Mechanical Ventilation (for example: windows, evaporative air conditioner outlet etc).

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. Do you provide refreshment to customers (for examples: complimentary drinks/food).....

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

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▪ Skin preparation

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▪ Laundering (onsite/offsite).....

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▪ Cleaning and maintenance (attach cleaning schedule if appropriate).....

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Signature Date

PLEASE SUBMIT THIS FORM AND PLANS BY THE FOLLOWING OPTIONS:

BY MAIL:
 Environmental Health Services
 City of Fremantle
 PO Box 807, FREMANTLE WA 6959

IN PERSON:
 Service & Information Counter
 City of Fremantle
 70 Parry St, FREMANTLE WA 6160