Health Act 1911 & Health (Skin Penetration Procedure) Regulations 1998

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).....

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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.

Reference DA .....

Building Permit:.....

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.

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 .....

Collection Notice
The City of Fremantle collects the personal information you provide for the purpose of responding to your enquiry or request, and to carry out related local government functions.
Your information may be shared with authorised City officers or contractors where necessary to process your request, but will not otherwise be disclosed unless required or authorised by law.
By contacting the City you agree to the collection of this information in accordance with the Council Privacy Policy.

For more information, including the option to remain anonymous, please see our Privacy Statement and Policy or contact us at governance@fremantle.wa.gov.au.

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
151 High St, FREMANTLE WA 6160