



# Personal Services Special Event Vendor Application Form

Each vendor **must** submit a completed application form to the Durham Region Health Department at least **15 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

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| <b>Reprocessing Station:</b>   |
| Will an ultrasonic cleaner be used to clean instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br>Name of Premise: _____<br>Location (address): _____<br>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:<br><input type="checkbox"/> Municipal Supply <input type="checkbox"/> Commercially bottled <input type="checkbox"/> Hauled Municipal Water <input type="checkbox"/> n/a<br><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

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| 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><br><br><br><br><br><br><br><br><br><br>  |
| Date: _____      Inspector's Name: _____      Signature: _____   |

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| Durham Region Health Department – Health Protection Div.<br>101 Consumers Drive, Whitby, ON L1N 1C4<br>Phone: 905-668-2020 Fax: 905-666-1887<br><a href="http://durham.ca/healthinspectionforms">durham.ca/healthinspectionforms</a> | Durham Region Health Department – Port Perry Office<br>181 Perry Street, Port Perry, ON L9L 1B8<br>Phone: 905-985-4889 Fax: 905-982-0840<br><a href="http://durham.ca/healthinspectionforms">durham.ca/healthinspectionforms</a> |
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Information on this form is collected and used under the authority of the Health Protection and Promotion Act, R.S.O. 1990, cH.7., s.5 and its Regulations. The information is collected and used for processing your application for a personal services special event; to ensure compliance with legal and/or regulatory requirements; for preventing, eliminating and/or decreasing the effects of a health hazard; and, for planning, providing, and evaluating services provided by Health Department staff for promoting health and protection. Questions about this collection and use of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711. Information available in alternate formats.