



COMMUNITY SPECIAL EVENTS APPLICATION

Each personal services vendor **MUST** submit a completed application form to Algoma Public Health at least **21 days prior** to the event and applications **MUST** be approved prior to attendance at events.

Note: Failure to receive prior approval may result in closure of premises, or other legal action.

Algoma Public Health will contact the operator identified in this application. Approval will be considered only when Algoma Public Health has received all required information on this application form. Approved vendor will receive a certificate to post at the event.

FOR PERSONAL SERVICES VENDORS EVENT INFORMATION

Event Name:	Location (Address) & Municipality:
Date(s) of Operation: (DD/MM/YY – DD/MM/YY)	Time(s) of Operation: (e.g. a.m. – p.m.)

VENDOR INFORMATION

Business Information:	Operator Information
Name:	Name:
Address	Address
Phone: Fax:	Phone: Cell:
Legal Name (i.e. Corporation Name and/or Number):	E-Mail(s):
Name of booth:	Vendor Set Up: <input type="checkbox"/> Outdoor Facility <input type="checkbox"/> Indoor Facility
Booth number:	

PROVIDE THE FOLLOWING INFORMATION:

Type of Services Provided (e.g. tattooing, body piercing, etc.)	Disposable Instruments		Instruments Processed On-site	
	Yes	No	Yes	No

Where will instruments be cleaned, disinfected, and/or sterilized? ON-SITE
 OFF-SITE, If off-site, please provide the following:

Name of Premise: _____ Phone No.: _____

Location (Address): _____

Relation to Business: OWNER EMPLOYEE OTHER

COMMUNITY SPECIAL EVENTS SURVEY FOR PERSONAL SERVICES VENDORS

This column to be filled out by booth vendor / operator	(for office use only) INSPECTOR COMMENTS
Instruments/Supplies To Be Brought to event: (check all that apply) Single-use Disposable <input type="checkbox"/> Sterile Needles <input type="checkbox"/> Sterile Grips / Tubes / Barrels <input type="checkbox"/> Dental bibs <input type="checkbox"/> Clamps / Forceps <input type="checkbox"/> Sterilization packaging <input type="checkbox"/> Ink caps <input type="checkbox"/> Tattoo Stencils <input type="checkbox"/> Applicators <input type="checkbox"/> Gloves <input type="checkbox"/> Razors <input type="checkbox"/> Nail Files <input type="checkbox"/> Nail Buffers <input type="checkbox"/> Hand Sanitizer (70-90% alcohol) <input type="checkbox"/> Skin Cleansing Wipes <input type="checkbox"/> Others, specify _____	(Operator Name) contacted on (date / time
Reusable <input type="checkbox"/> Grips / Tubes / Barrels <input type="checkbox"/> Tattoo Machine / frame <input type="checkbox"/> Scissors <input type="checkbox"/> Clamps / Forceps <input type="checkbox"/> Cuticle Nippers <input type="checkbox"/> Nail Clippers <input type="checkbox"/> Others, specify _____	
Handwashing Stations The organizer will be required to provide you access to handwashing.	
Cleaning and Disinfecting: Name all disinfectants to be used and what they will be used for: _____ _____	
Test strips provided for disinfectant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Storage of dirty equipment after use:	
*** Do NOT complete this section if <u>purchasing prepackaged, pre-sterilized instruments</u> *** Sterilizer: Vendor will provide copy of spore test results processed within 30 days of event <input type="checkbox"/> Yes <input type="checkbox"/> No Instruments used at the event processed after the above-mentioned passed spore test date <input type="checkbox"/> Yes <input type="checkbox"/> No Sterilizer has been challenged with an appropriate spore test and passed consecutively in the last 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No	

I have received and read the Community Special Events information provided. I understand the requirements for personal services vendors at Special Events and have provided the information to all personal service workers that will be working at the event. I agree that all the information I have provided on this application form is accurate.

Print Name: _____ Signature: _____ Date: _____

Information contained on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7., (as amended) for the purpose of enforcing the Act and Regulations. For information regarding collection, contact the Manager of Environmental Health, Algoma Public Health.

Adapted from Durham Region Health Department

HEALTH DEPARTMENT USE ONLY	
APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject to Requirements (see report)	Inspector's Comments/Requirements: _____ _____
DATE:	Inspector's Name: _____ <div style="text-align: right;">Signature: _____</div>