

# SKIN PENETRATION, HAIRDRESSING & BEAUTY THERAPY PREMISES APPLICATION

Health (Skin Penetration Procedure) Regulations 1998



## BUSINESS DETAILS

Business trading name	
Previous trading name (if applicable)	
Address of premises	
Premises phone number	
Name of person in charge and title	
Premises type:	<input type="checkbox"/> Commercial premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Home occupation

## PROPRIETOR DETAILS

The Proprietor is either the individual/s (e.g. Sole Trader/Partnership) or Body Corporate (Pty Ltd company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity.

Proprietor name
ABN / ACN
Postal address
Mobile number
Email address

## PRIMARY USE OF THE PREMISES

Please tick all boxes that apply to your business

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Laser treatments
<input type="checkbox"/> Beauty therapy (please list below)	<input type="checkbox"/> Lash treatments
<input type="checkbox"/> Body piercing	<input type="checkbox"/> Nail treatments
<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Shaving/Cut-throat razor (single-use blades only)
<input type="checkbox"/> Hair removal	<input type="checkbox"/> Tattooing/body modification
<input type="checkbox"/> Hairdresser/barber <b>only</b> (no shaving/cut-throat razors)	<input type="checkbox"/> Waxing/tweezing
<input type="checkbox"/> Other (please specify)	

## HOURS OF OPERATION

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

## BUSINESS OPERATIONS/EQUIPMENT

Please refer to the [Hairdressing Establishment Regulations 1972](#) (applicable for hairdressers only), or the [Health \(Skin Penetration\) Regulations 1998](#) and [Code of Practice for Skin Penetration Procedures 1998](#) (applicable for skin penetration premises) for information on these requirements.

- Non-Critical Procedure** (*Appliances may come into contact with intact skin but does not penetrate skin or come into contact with mucosa or blood. Cleaning required.*)

If ticked, please outline your **cleaning and maintenance** procedure (or attach procedure separately):

- Semi-Critical Procedure** (*Appliances may come into contact with mucosa or blood. Disinfection required.*)

If ticked, please outline your **disinfection** procedure (or attach procedure separately):

- Critical Procedure** (*Appliances enter or penetrate the skin. Cleaning and sterilisation required.*)

If ticked, please outline your **cleaning and sterilisation** procedure (or attach procedure separately):

Total number of sinks and hand wash basins:

*Separate sinks are required for hand washing and cleaning equipment.*

All hand wash basins are hands free design and have soap and paper towel dispensers next to them.

Yes  No

Warm water is supplied to all sinks and hand wash basins.

Yes  No

Laundry facilities:

*If offsite please advise location/company:*

Onsite  Offsite

A sharps container that complies with AS4031 is provided where applicable.

Provide the name of the company used for sharps and biohazard disposal if applicable:

Yes  Not applicable

Please select the personal protective equipment that will be used at the premises.

Gloves  Eye protection  
 Apron/gown  Face mask

Do you provide complimentary refreshments? (eg., tea, coffee, biscuits etc.)

*If yes you will need to submit a Food Business Notification/Registration form.*

Yes  Not applicable

## DOCUMENTS

Please attach the following:

- |  |                          |
|--|--------------------------|
| <ul style="list-style-type: none"> <li>▪ ASIC Record of Registration for Business Name</li> </ul>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ Attach a <b>labelled floor plan</b> clearly showing the following:                             <ul style="list-style-type: none"> <li>• All treatment rooms, cleaning and disinfection rooms, kitchen, toilets, laundry (as applicable)</li> <li>• Location of hand wash sinks, cleaning and kitchen sinks (including soap and paper towels)</li> <li>• Floor, ceiling, wall, bench and shelf finishes</li> </ul> </li> </ul> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>▪ A copy of the qualifications of each staff member</li> </ul>  | <input type="checkbox"/> |

## DECLARATION

I declare that I have read and understood the [Hairdressing Establishment Regulations 1972](#) (applicable for hairdressers only), or the [Health \(Skin Penetration\) Regulations 1998](#) and [Code of Practice for Skin Penetration Procedures 1998](#) (applicable for skin penetration premises).

Name of applicant(s).  
(Please print) .....

Position of applicant(s)  
(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign) ] .....

Signature of applicant(s) .....

Date .....

## LOGGING YOUR APPLICATION

In person	Bayley Street, Coolgardie WA 6429 OR Irish Mulga Drive, Kambalda WA 6442
By mail	Shire of Coolgardie, PO Box 138, Kambalda WA 6442
By email	mail@coolgardie.wa.gov.au
By fax	(08) 9027 3125

## DESIGN REQUIREMENTS FOR A SKIN PENETRATION ESTABLISHMENT

### Design requirements:

- Floors, floor coverings, walls, ceilings, shelves, fittings and other furniture in this area must be made from materials suitable for the procedures undertaken here. These must be kept clean and in good repair.
- All surfaces that come into direct contact with client's skin is smooth, impervious and in good repair. For example, client chairs or beds must be made of a material that can be easily cleaned after each use.
- A hand basin with a hot and cold water supply, soap and paper towels provided in the immediate area where the skin penetration procedures are undertaken. The hand basin should be easily accessible to allow the person performing the procedure to wash their hands thoroughly before and after.

It is recommended that liquid soap from a pump dispenser be used for hand washing.

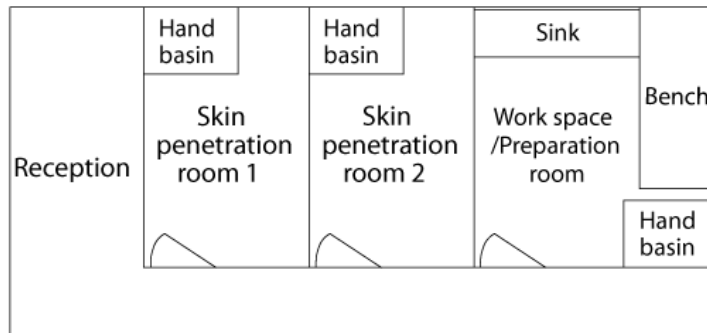
- For new premises or those undergoing refurbishment it is mandatory to install a hands-free basin. The basin must be supplied with hot and cold water supply through a single outlet. A hands-free basin is one which can be operated without use of hands. The Code advises that hands-free basins should be knee- or elbow-operated.

### Work space and preparation area:

The work space is where appliances are stored, for example an autoclave. The preparation area is where appliances are prepared before use. Design requirements:

- The work space and preparation areas must be separated from the client treatment area.
- This area must have at least 2 designated sinks; one for hand washing and another for cleaning and decontaminating equipment.
- All sinks must be made of suitable materials, such as stainless steel.
- All work surfaces should be smooth and impervious, and all floors must be smooth, impervious and non-slip.
- There should be sufficient bench space to accommodate equipment.

### Example layout



### Further Information:

Additional information, including fact sheets, guidelines and a copy of the Code of Practice may be found at Department of Health – [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

Copies of the *Health (Skin Penetration Procedure) Regulations 1998* may be obtained from the State Law Publisher at [www.slp.wa.gov.au](http://www.slp.wa.gov.au)

Should you have any queries regarding any of the above, please do not hesitate to contact the Shire of Coolgardie on 9080 2111.