



## Personal Service Facility Application Form

Facility & Contact Information:			
Facility Name:		Date:	
Physical Address:			
Mailing Address:	<input type="checkbox"/> as above		
Legal Name (Business Licence # or Name):			
Owner/Operator:			
Telephone(s):	Fax:	Email:	

Identify Services Offered (check all that apply):		
<input type="checkbox"/> Hair Services (cutting/styling/etc.)	<input type="checkbox"/> Massage	<input type="checkbox"/> Tanning
<input type="checkbox"/> Nail Services (manicure/pedicure/etc.)	<input type="checkbox"/> Electrolysis/Laser Treatments	<input type="checkbox"/> Semi/Permanent Makeup
<input type="checkbox"/> Artificial Nails (gel/acrylic/etc.)	<input type="checkbox"/> Tattooing/Body Modification	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Skin Care (facials/acid peels/etc.)	<input type="checkbox"/> Piercing (ear/body/etc.)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Eyebrow/Eyelash Tinting	<input type="checkbox"/> Parafin Wax	<input type="checkbox"/> Other (specify):

Identify Equipment Used (check all that apply):			
<b><u>Critical Items:</u></b>	<input type="checkbox"/> Tattoo Needles	<input type="checkbox"/> Piercing Needles	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Lancets	<input type="checkbox"/> Sharp-nose Tweezers	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Razors (for shaving)	<input type="checkbox"/> Credo Blades	<input type="checkbox"/> Other (specify):
<b><u>Semi-Critical Items:</u></b>	<input type="checkbox"/> Cuticle Clippers/Nippers	<input type="checkbox"/> Tanning Goggles (if reused)	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Cuticle Pushers	<input type="checkbox"/> Extractors	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Pedicure/Foot Files	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):
<b><u>*Non-Critical Items:</u></b>	<input type="checkbox"/> Combs	<input type="checkbox"/> Nail Files (reusable)	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Brushes	<input type="checkbox"/> Nail Clippers	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Hair Scissors	<input type="checkbox"/> Tanning Bed Surface	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Electric Clippers	<input type="checkbox"/> Skin Contact Surfaces (tables/beds/chairs/etc.)	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Hair Rollers	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):
<b><u>Single-Use Items:</u></b>	<input type="checkbox"/> Emery Boards	<input type="checkbox"/> Buffing Blocks	<input type="checkbox"/> Finger/Toe Spacers
	<input type="checkbox"/> Wax Strips	<input type="checkbox"/> Cotton Balls/Swabs/Pads	<input type="checkbox"/> Q-Tips
	<input type="checkbox"/> Wooden Spatulas	<input type="checkbox"/> Sanding Boards	<input type="checkbox"/> Electrolysis Needles
	<input type="checkbox"/> Vinyl Gloves (No Latex**)	<input type="checkbox"/> Thread	<input type="checkbox"/> Toothpicks
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

**\*Non-Critical Items: If non-critical items are exposed to blood/body fluid splatter use an intermediate level disinfectant.**

**\*\*Latex can cause severe allergies for both the user and the client – please do not use latex**

Identify Disinfection and/or Sterilization Methods Used (check all that apply):			
<b><u>Critical Items:</u></b> (Require Sterilization) Any instrument that enters sterile tissues, including the vascular system.	<input type="checkbox"/> <b>Dry Heat Oven</b> <input type="checkbox"/> 60min @ 171°C <input type="checkbox"/> 120min @ 160°C <input type="checkbox"/> 150min @ 149°C <input type="checkbox"/> 180min @ 141°C <input type="checkbox"/> 12hrs @ 121°C	<input type="checkbox"/> <b>Steam Autoclave:</b> <input type="checkbox"/> 20min @ 121°C/15psi (unwrapped items) <input type="checkbox"/> 30min @ 121°C/15psi (wrapped items)	<input type="checkbox"/> <b>Other (specify):</b> _____ _____ _____ _____
	<input type="checkbox"/> <b>Single-Use Only</b> (All critical items are discarded after use)	<input type="checkbox"/> <b>Not Applicable</b> (Critical items not used in the establishment)	_____ _____ _____ _____

Identify Disinfection and/or Sterilization Methods Used (check all that apply):				
<p><b>Semi-Critical Items:</b> (Require High-Level Disinfection) Any instrument that come in contact with non-intact skin or mucous membranes but ordinarily do not penetrate them.</p>	<input type="checkbox"/> <b>Bead Sterilizer</b> <input type="checkbox"/> 10min @ 218°C	<input type="checkbox"/> <b>Gluteraldehyde:</b> <input type="checkbox"/> Cidex <input type="checkbox"/> Cidex Plus <input type="checkbox"/> Glutacide <input type="checkbox"/> Gluterate <input type="checkbox"/> Metricide <input type="checkbox"/> Metricide 28 <input type="checkbox"/> Rapicide <input type="checkbox"/> Metricide Plus 30 <input type="checkbox"/> TD-5 <input type="checkbox"/> Toacide 28 <input type="checkbox"/> Glutacide Concentrate <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <b>Hydrogen Peroxide:</b> <input type="checkbox"/> Accel CS 20 <input type="checkbox"/> Carpe Diem <input type="checkbox"/> Optim CS <input type="checkbox"/> Peroxigard <input type="checkbox"/> Oxivir AHP 5 <input type="checkbox"/> Percept <input type="checkbox"/> Prevention <input type="checkbox"/> Sporox II <input type="checkbox"/> Resert <input type="checkbox"/> Turbulence <input type="checkbox"/> Virox 5 <input type="checkbox"/> Other (specify): _____	
	<input type="checkbox"/> <b>Boiling</b> <input type="checkbox"/> 5min @ 100°C	<input type="checkbox"/> <b>Sodium Hypochlorite</b> <input type="checkbox"/> 20min @ 1000ppm	<input type="checkbox"/> <b>Ortho-phthalaldehyde (OPA)</b> <input type="checkbox"/> Cidex OPA <input type="checkbox"/> Other (specify): _____	
	<input type="checkbox"/> <b>Peracetic Acid:</b> <input type="checkbox"/> Steris 20 <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <b>Hydrogen Peroxide &amp; Peracetic Acid</b> <input type="checkbox"/> Actril Cold Sterilant <input type="checkbox"/> Peract 20 <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <b>Single-Use Only</b> (All semi-critical items are discarded after use)	
	<input type="checkbox"/> <b>Not Applicable</b> (Semi-critical items are sterilized as noted above)	<input type="checkbox"/> <b>Not Applicable</b> (Semi-critical items are sterilized as noted above)	<input type="checkbox"/> <b>Other (specify):</b> _____	
<p><b>Non-Critical Items:</b> (Require Intermediate-Level Disinfection) Any instrument intended to contact intact skin, but may accidentally contact non-intact skin or receive blood or body splatter.</p>	<input type="checkbox"/> <b>Ethyl/Isopropyl Alcohol</b> <input type="checkbox"/> 70-90%	<input type="checkbox"/> <b>Sodium Hypochlorite:</b> <input type="checkbox"/> Household Bleach (4-6%) 5min @ 1000ppm (1:50 dilution)	<input type="checkbox"/> <b>Iodine/Iodophor Germicide (specify):</b> _____	
<p><b>Non-Critical Items:</b> (Require Low-Level Disinfection) Any instrument or equipment that does not directly contact the client or contacts only intact skin.</p>	<input type="checkbox"/> <b>Sodium Hypochlorite:</b> <input type="checkbox"/> 10min @100ppm	<input type="checkbox"/> <b>Phenolic Germicide (specify):</b> _____	<input type="checkbox"/> <b>Other (specify):</b> _____	
	<input type="checkbox"/> <b>Quaternary Ammonium Germicide (specify):</b> _____ (ex: barbicide200ppm)	<input type="checkbox"/> <b>Single-Use Only</b>	<input type="checkbox"/> <b>Other (specify):</b> _____	

Supporting Documents Checklist:	Enclosed	Previously Submitted	Forth-Coming	N/A
Manufacturer's Technical Specifications (new or altered equipment: <b>specify model &amp; any certification (NSF, ANSI, UL, etc...)</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitation Plan (Cleaning Schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*For renovations or new construction: do not begin construction until plans have been approved by the Environmental Health Department of the Population Health Unit. Plans will be approved or rejected within 15 days after the date of submittal. Your district public health inspector will contact you if more information is required in order to assess the status of your application. No changes from the approved plans are permitted without prior written approval from the Population Health Unit.

\*Please note additional permits (e.g. electrical installation, land use clearance, grading, business registration, etc...) may also be required from other agencies. The plan check process may also include other provincial, regional and municipal departments such as building, zoning and fire department.

\*A final approval inspection of all construction and equipment is necessary to begin operation of a personal service facility. Upon health approval operation of the facility can commence.