



TRIM Reference: _____

APPLICATION FOR APPROVAL TO ESTABLISH A SKIN PENETRATION BUSINESS

APPLICANT DETAILS

Applicant Name: _____

Residential Address: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

BUSINESS DETAILS

Premise Name: _____

Location: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

** Floor Plan – please provide a floor plan layout of your proposed premises with this notification, showing the location of fixtures such as hand basins and sinks and include details on the materials to be used in the premises for shelving and flooring.*

APPLICATION FEE

Application Fee: \$160.00

Application will NOT be approved until payment has been made.

OFFICE USE

Date Paid: _____

Receipt Number: _____

Account No: 07220803

Officer's Initials: _____



SKIN PENETRATION COMPLIANCE

Skin penetration establishments are required by law to notify the local government in which they intend to operate in and must comply with the *Health (Skin Penetration Procedures) Regulations 1998*. The regulations outline minimum standards of infection control such as basic hygiene, disinfection and sterilisation requirements.

Establishing a Skin Penetration business in the City can require compliance with several City Departments. In the first instance, you should contact the City of Greater Geraldton, as your application will involve:

1 – ENVIRONMENTAL HEALTH Liaise with Environmental Health Officer

The premise must comply with the **Health (Skin Penetration Procedures) Regulations 1998** Regulations may be view at:

<http://ww2.health.wa.gov.au/Corporate%20search%20results?searchStr=skin%20penetration&site=current>

2 – TOWN PLANNING Liaise with Town Planner

Please make preliminary contact with a Town Planner to ascertain whether you need to apply for any specific Town Planning approvals or meet any other requirements in relation to your application.

3 – BUILDING COMPLIANCE Liaise with Building Surveyor

Building Code of Australia

Please make preliminary contact with a City Building Surveyor to ascertain whether the level of shop fit out/alteration you are intending, requires a building permit and submission of plans.

Please Note: the above is a City process only and you need to make all the other necessary enquiries with any external agencies that may be pertinent to your skin penetration proposal.

DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Signature: _____ Date: _____

Position in Company: _____

In the case of a company, the signing officer must state position in the company.

INDICATE SKIN PENetration TYPE

If more than one, please indicate all the business type conducted on the premises. A skin penetration procedure is any procedure, which involves the tearing, cutting, puncturing, or shaving of the skin and includes services such as:

- | | |
|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Cosmetic Enhancements |
| <input type="checkbox"/> Beauty Treatments | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Body Piercing | |

Other details – please outline the extent and nature of Skin Penetration:

HELPFUL INFORMATION

See

<http://ww2.health.wa.gov.au/Health-for/Industry-trade-and-business/Personal-appearance>

Code of Practice for Skin Penetration Procedures

The skin penetration industry must comply with the mandatory code of basic hygiene, disinfection and sterilisation requirements.

Health (Skin Penetration Procedures) Regulations 1998

Mandatory regulations governing the skin penetration industry such as tattoo parlours, body piercing and beauty therapy establishments. Copies of the *Health (Skin Penetration Procedure) Regulations 1998* may be obtained from the State Law Publisher at www.slp.wa.gov.au.

Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting

The procedures necessary for the prevention of the transmission of infectious diseases in the health care setting, referred to as infection control or infection control procedures.

An Environmental Health Officer will call on you routinely to ensure the regulations are being met in the interest of health and safety, and arrange a routine inspection. Further health information is available from your Environmental Health Officer or browse the following website:

<http://ww2.health.wa.gov.au/Health-for/Industry-trade-and-business/Personal-appearance>

EXAMPLE OF SKIN PENETRATION INSPECTION SHEET

Indicate compliance by using ✓ or × in "C" column. If non-compliance is serious, indicate by also inserting a × in the "S" column.							
DESIGN/CONSTRUCTION/CLEANINESS		C	S	HYGIENE/STANDARD PRECAUTIONS		C	S
1	All areas clean and in good repair			8	Washing and drying hands before and after client contact		
2	Hand wash basin available with water, soap and single use paper towel			9	Protective barriers used (gloves, aprons, masks, towels)		
				10	Fresh clean linen available for each client		
3	Bins for waste and linen available and labelled			11	Used sharps place in puncture resistant container		
4	Toilet facilities for staff and clients			12	Cleaning and maintenance schedule available		
STERILISATION OF APPLICANCES		C	S	13	Needle stick and blood/fluid spills clean-up procedure		
5	Appropriate cleaning of all appliances			14	No smoking/animals/food preparation on-site		
6	Appropriate disinfection of semi-critical appliances: (a) Thermal disinfection (1min @ 80°C), (10min @ 75°C), (15min @ 70°C) (b) Chemical disinfection (2% solution of glutaraldehyde)			DISINFECTION PROCEDURES FOR SKIN			
				15	Skin disinfection procedure prior to all skin penetration		
7	Appropriate sterilisation of critical appliances: (a) Steam under pressure (moist heat) sterilisation autoclaving (b) Dry heat sterilisation (1hr @160°C)			16	Approved disinfection solution for skin: (within use-by date)		
					(i) 70% W/W isopropyl alcohol		
					(ii) 80% V/V ethyl alcohol		
					(iii) 60% V/V isopropyl alcohol		
					(iv) Alcohol (isopropyl & ethyl forms of 0.5-4% chlorhexidine)		
	(v) 10% W/V aqueous or 1% W/V alcoholic providine iodine						
PREMISES SPECIFIC							
ACUPUNCTURE		C	S	TATTOOING		C	S
17	Skin swabs			25	Disposable needles used		
18	Disposable needles used			26	Single use shavers and single use stencils		
BODY PIERCING		C	S	27	Single use tubs for ink/petroleum jelly		
19	Disposable needles used			28	Ink still "use-by date"		
20	Sterilised/appropriate jewellery used			29	Reusable equipment sterilised adequately:		
BEAUTY THERAPY		C	S			(i) Washed with warm water and detergent	
21	Single use spatulas/ladles				(ii) Packaged with chemical indicator and sterilised		
22	Single use wax/reused thermally disinfected at130°C for >20 mins			30	Autoclave service up-to-date as per manufacturer's Guidelines		
23	Disposable electrolysis needles used			31	Electrical hand piece wiped with 70% alcohol solution		
24	Tweezers and nozzles scrubbed with warm soapy water and not leaf soaking in disinfectant			NAIL SALONS			
				32	Disposable nailfile used/metal or plastic nailfile disinfected between clients		