

This application form <u>must</u> be completed and submitted with Toronto Public Health 30 days prior to any event. This form can be emailed to <u>BodySafe@toronto.ca</u>. Events must comply with the current Infection Prevention and Control Guidelines for Special Events Offering Personal Services and applicable sections of the Ministry of Health and Long Term Care, Infection Prevention and Control Best Practices for Personal Service Settings document, under the Health Protection and Promotion Act, RSO, 1990.

		S	necial F	vents Off	ering Person	al Servi	ce				
			-		nizer's Appli						
Event name:					Location and address of event:						
tart date of eve	nt (e.g. Jan 1, 20	015) End date o	f event (e.	g. Jan 2, 201		nate start		Approximate end			
me of event (e.g. 9:00 am) End time of event (e.g. 10:00 am)					chent ser	client services (e.g. 9:15 am) client services (e.g. 9:15					
			Coordi	nator/Or	ganizer Infor	mation					
Business name and address:					Coordinator/organizer name:						
Business telephone e.g. (416) 222-1234:					Telephone (cell) e.g. (416) 222-3456:						
Fax number e.	g: (415) 222-234	15			Telephon	e (other)	e.g.(416) 222	2-4567			
e-mail:					e-mail:						
Legal name (c	Legal name (corporation name and /or number				Complete Mailing address:						
-	nated haison pe ne (cell) eg.(416)	erson to work wit 222-5678	uı.								
Vendor permi	#				Vendor se	et up					
Number of vendors at event:					Outdoor Indoor						
					First time pa	articipant	of a special	event in Toronto?	YES	N	
				Service	Information						
Type of servic	es at this event	(mark all that ap	oply):								
	ervices provided to	o the public		nontotion							
Tatto		ercing	micropign	nentation							
Pedio Mani		hrone footbaths?	YES	No	Recirculating?	YES	No Nu	mber of footbaths			
	services, please (describe:									
		ion such as nee rought to the ve			Sharps, s	such as ne	edles, razoi	rs will be used on-sit	te?		
sterile?			-		YES*		No sharps wi	II be used at the event			
YES*	No items req	uire sterilization a	t the event		* -						
*Sterilized items by the owner/operator at their business locations must have the					*An approved sharps container is required for the disposal of all sharps Method of sharps container disposal:						
date of sterilization on the package. Spore test results are required at the venue.					Company – name:						
**Thora is no of	**There is no sterilization of equipment on-site at the venue				Vendor to bring back to business location						



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Special Events Offering Personal Service

Coordinator's/Organizer's Application Form

Items need to be cleaned and d	lisinfected on-site?	YES	No					
*If YES or UNSURE, sinks must be av exceptions must be discussed and app					d for the cleaning and disinfection of these items. Any ves and a scrub brush is required.			
A high-level disinfectant must be availa	able on-site for the disinfect	ion of items contamina	ted with blood.					
70-90% alcohol based hand rub	ch booth:	YES	No	unsure				
Hand washing stations will be o	connected to municipa	I water supply?	YES	No	unsure			
Number of hand washing statio	ons:							
All hand washing stations must be con coordinator/organizer will be responsib			-	-	wels for all vendors and their workers. The event			
If NO, will portable hand washir	ng sinks be available?	YES	No					
If YES, the use the portable hand was	hing sinks must be discusse	ed and approved by the	e PSS Supervi	sor no less tha	n a week prior to the event.			
Approximate number of portab	le hand washing sinks	to be at the event:	:					
Please note that non-compliand I have received and read the IP coordinators/organizers at spec	AC Guidelines for Spe	cial Events and I u	nderstand tl	ne requirem	ents for personal services			
Date (e.g. Feb 1, 2015): Print Name:			Signature (if mailing or faxing):					
	To Be Com	oleted By the	Public H	ealth Ins	pector			
Reviewed guidelines with event coordinator/organizer:				NO				
Advised organizer to provide guidelines to each vendor:				NO				
Application approved:	YES	NO						
Comments:								
Date (e.g. Mar 1, 2015):	Print name:		Signature (electronic, if available)					
, ,				-				
Information contained on this form	is collected under the aut	hority of the Health	Protection and	d Promotion /	Act. R.S.O. 1990, Chapter H.7. for the purpose of			
enforcing the Act and Regulations.	or information regarding	collection, contact th	ne Associate D	irector of Tor	onto Public Health, Control of Infectious			
Diseases/Infection Control at 277 Vi	ictoria Street, 9th Floor, To	ronto, M5B 1W2 or c	all 416-338-70	500.				

Application forms can be sent by email to BodySafe@toronto.ca, by fax at 416-392-0715 or mailed to 277 Victoria Street, 9th Floor, Toronto, ON, M5B 1W2. Attention: PSS Supervisor. For more information call 416-338-7600