

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.

	-			ng Personal Ser cation Form	vice		
Event name:				Location and address of even	t:		
Start date of event (e.g. Jan 1, 2015	Start date of eve (e.g. Jan 1, 2015	nt		Start time of eve (e.g. 9:00 am)	ent		End time of event (e.g. 10:00 am)
		Vend	lor Info	ormation			
Business name and address	:			Vendor name:			
Business telephone eg. (416) 2	22-1234			Vendor telephone	eg (416) 2	222-345	6
Fax	e-mail:			e-mail			
Owner's Name				Employee name	(s) workin	ng at ev	ent:
Telephone e.g. (416) 222	2-4567			1.			
e-mail				2.			
First time participar	nt of a special event in To	ronto?	Yes	No			
For Toronto Business only: L	-				Inspec	tion res	sult.
Vendor Booth name (if differ	rent than business name):			Booth number:			
		Servi	ice Info	ormation			
Type of services at this even	nt (mark all that apply):	NO	services p	rovided to the public			
Tattooing Pedicure	piercing micropi	gmentation					
Manicure Other services, please	With throne footbaths? e describe:	Yes	No	Recirculating?	Yes	No	Number of footbaths
Sharps, such as needles, raz YES* No	zors will be used on-site?				•		n such as needles, needle bars, bught to the venue pre-packed
If yes, An approved sharps container is required for the disposal of all sharps				YES No items require sterilization at the event *Sterilized items by the owner/operator at their business locations mus have the date of sterilization on the package. Spore test results are required at the venue. **There is no sterilization of equipment on-site at the venue			
For items purchased pre-pac Name:	ckaged and sterile, provid	e the name	e/address	s/telephone number Address:	of the su	ıpplier(s	5)
Attach a separate sheet of pap	per if more space is required		т	elephone number e	eg (416) 22	22-4567	:
For items sterilized at a busi Name:	ness location, provide the	name and	d address	s of where the items Address:	s were ste	erilized,	if different from above
				Contact telephone	eg (416)	222-567	78

Copies of the three most recent spore testing results must be on-site from the sterilizer(s)/autoclave(s) used for sterilization. Spore tests must be in English.



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	-		ng Personal Service ication Form				
70-90% alcohol based hand rub will b							
All personal services workers must perfo	orm hand hygiene before s	ervice deliver	ery and as required during and after service.				
The event organizer/coordinator is respo	onsible to ensure there are It will be the event organ	e hand wash s	stations and they are equipped with liquid soap in dispensers and single- ator's responsibility to maintain these stations fully equipped and in a				
Labelled container(s) to store and trai	nsport dirty items will be	e available:	Yes				
Items need to be cleaned and disinfed	cted on-site? YES	* NO					
If YES, an appropriate disinfectant mu	ust be available on-site.						
			to fit the largest item and designated for the cleaning of disinfection of or. If disinfection is necessary, soap, utility gloves, and a scrub brush may				
An ultrasonic cleaner will be used to	clean instruments?	YES	NO				
If YES, the ultrasonic cleaner must be op	perated in accordance to t	he TPH IPAC	C Guidelines.				
Please note that non-compliance with I have received and read the IPAC Gu events. The information I have provid	idelines for Special Ever	nts and I und	derstand the requirements for personal services vendors at special				
Date (eg. Mar 1, 2015):	Print Name:		Signature (if mailing or faxing):				
	To Be Completed By the Public Health Inspector						
Application approved:	YES NO						
Comments:							
Date (eg Mar 1, 2015):	Print name:		Signature (electronic, if available)				
	rmation regarding collection	n, contact the A	rotection and Promotion Act. R.S.O. 1990, Chapter H.7. for the purpose of e Associate Director of Toronto Public Health, Control of Infectious III 416-338-7600.				
Application forms can be sent by email to BodySaf more information call 416-338-7600 V. 2015	e@toronto.ca, by fax at 416-392	-0715 or mailed t	d to 277 Victoria Street, 9th Floor, Toronto, ON, M5B 1W2. Attention: PSS Manager. For				