

APPLICATION FORM FOR PERSONAL SERVICES AT AN EVENT

EVENT INFORMATION:				
Name of Event:		Date(s):		Booth # _____
Name and Address of the place Event is held:				
Your Business Name (or Legal Company Name):			Applicant (Operator) Name:	
Mailing Address:			Phone Number:	
			Email:	
Name of operator providing service in booth during event, if different from above :				
SERVICES OFFERED: Check (✓) All that Apply				
<input type="checkbox"/> Tattooing with a Machine	<input type="checkbox"/> Other Type of Tattooing. Describe and attach picture of equipment: _____		<input type="checkbox"/> Esthetics/facials <input type="checkbox"/> HydraFacial	
<input type="checkbox"/> Micropigmentation	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Laser treatment	<input type="checkbox"/> Electrolysis	
<input type="checkbox"/> Hair cutting/styling <input type="checkbox"/> Piercing	<input type="checkbox"/> Reflexology <input type="checkbox"/> Relaxation Massage	<input type="checkbox"/> Pedicures <input type="checkbox"/> Manicures	<input type="checkbox"/> Other Personal Service. Describe: _____	
INFECTION CONTROL:				
Fact sheets and Guidelines have been reviewed by operator providing services and expectations are understood. Please check here <input type="checkbox"/>				
Hand Washing Facilities for your Booth will be provided <input type="checkbox"/> by the event organizer <input type="checkbox"/> by applicant (e.g. sink, water, soap, paper towel) Describe how hand washing will be done: _____				
Disposable/Single Use Items – Check those that apply (provide a separate list if different from below):				
<input type="checkbox"/> Machine Bag <input type="checkbox"/> Wash Bottle Bag <input type="checkbox"/> Clip Cord Sleeve <input type="checkbox"/> Barrier Film used for: <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Power Supply <input type="checkbox"/> Armrest <input type="checkbox"/> Tube and Tip Grips <input type="checkbox"/> Rinse cup <input type="checkbox"/> Sharps like needles, razors etc., disposed of in sharps container <input type="checkbox"/> Ink cups <input type="checkbox"/> Portioned ink <input type="checkbox"/> Portioned Vaseline, creams, cleansers <input type="checkbox"/> Wound dressing			<input type="checkbox"/> Wood tongue depressor <input type="checkbox"/> Emery boards for nails <input type="checkbox"/> Medical grade paper liners for beds/chairs <input type="checkbox"/> Gloves <input type="checkbox"/> Others (not mentioned here) Describe: _____	
Reusable items – List items that require reprocessing and the products used for disinfection (For information, see PSE Guidelines):				
Items	Low level disinfection	Intermediate-level disinfection	High-level disinfection	Sterilization
Signature of Applicant or Responsible Person: _____				Date: _____

PLEASE RETURN THIS FORM as soon as you have secured a location at the event and at least 14 days before the event to allow time for review by Vancouver Coastal Health.