PERSONAL SERVICE VENDOR APPLICATION FORM

If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653**, **option 4**. Completed forms are to be emailed to: health.inspectors@york.ca or faxed to **905-898-8277**.

Please note: A separate *Personal Service Vendor Application Form* must be completed and submitted for each event you participate in, regardless of attendance at multiple special events in one year.

SPECIAL EVENT REQUIREMENTS FOR PERSONAL SERVICE VENDORS

- All vendors MUST submit a completed Vendor Application Form <u>at least 30 days prior</u> to the start of the event
- If Vendor Application Event Forms have not been received at least 30 days prior to the event, there may not be adequate time to review and approve the vendor prior to the event
- Vendors must comply with the Special Event Guidelines For Personal Services and with applicable sections of the Ontario Regulation 136/18: Personal Service Settings, under the <u>Health Protection and Promotion Act, R.S.O. 1990</u>, c.H.7
- A Public Health Inspector will contact you prior to the event to discuss your application

EVENT INFORMATION					
Event Name:					
Event Location/Address:					
☐ Indoor event ☐ Outdoor event					
Event Date(s):					
Hours of Operation:					
Date(s) vendor is participating at event:					
VENDOR INFORMATION					
Vendor/Contact Name:					
Name of Booth:					
Legal Name (Corporation Name/Number):					
Address:					
Business Phone Number: Cell Phone Number:					
Email Address:					
PROOF OF PUBLIC HEALTH INSPECTION					
Have you been inspected by York Region Public Health or another Public Health Unit?					
If yes, please name the Public Health Unit, date of inspection and attach a copy of your latest inspection report. Which health unit are you inspected by? If no, where would all of your instruments/equipment be reprocessed?					

PUBLIC HEALTH

1-877-464-9675 TTY 1-866-512-6228 york.ca/BeSpaSafe



SE	SERVICES OFFERED & INSTRUMENTS/EQUIPMENT USED FOR THE EVENT					
pu	et the service(s) offered to the ablic (e.g., tattooing, piercing, ircut, nail services etc.)	List and number of instruments/equipment that you will bring (e.g., 10 forceps, 50 needles, personal protective equipment?) for each service. Please attach additional pages if you require more space to list all the instruments/equipment that you will be bringing. NOTE: You must bring enough instruments for use to ensure that services can be provided with clean and disinfected instruments to each client.				
SE	ERVICE PROVIDER(S)					
	Name of service provider:					
	Service(s) provided:					
2.	Name of service provider:					
	Service(s) provided:					
3.	Name of service provider:					
	Service(s) provided:					
4.	Name of service provider:					
	Service(s) provided:					

CRITICAL ITEMS/EQUIPMENT USED ON-SITE

- All items/equipment that require sterilization such as needles, needle bars, jewellery, and forceps that are brought to the venue must be purchased pre-packaged, sterile and labelled with lot numbers and expiry dates
- Critical items/equipment that are packaged and sterilized at an inspected facility must be labelled with date of sterilization and accompanied by copies of the last 3 spore test results from the sterilizer(s)/autoclave(s) used for sterilization
- Spore tests results must be in English

Sterilization of items is NOT ALLOWED on-site at the event

Will critical items be used on-site?	Yes		
If yes, list the critical item(s).	□No		
For items purchased pre-packaged	Name:		
and sterile, provide the	Address:		
name/address/telephone number of the supplier(s).	Phone #: Attach separate sheet of paper if additional space is required.		
For items sterilized at a business location, provide the name and address of where the items were sterilized, if different from above.	Name: Address: Phone #: Copies of the last 3 spore test results must be on-site from the sterilizer(s)/autoclave(s) used for sterilization. Spore tests results must be in English. Attach separate sheet of paper if additional space is required.		
CLEANING AND DISINFECTION	N OF EQUIPMENT AND SUPPLIES		
What type of equipment/supplies will you bring on-site? (check all that apply) Note: Disinfectants must have a Drug Identification Number (DIN) or Natural Product Number (NPN)	Reprocessing sink (large enough to submerge largest piece of equipment that requires cleaning and disinfection on-site). Must be plumbed in. Brushes Detergent Disinfectant(s)(specify name/type and DIN/NPN):		
	Test strips for the disinfectant(s) N/A		
LIAND LIVEIENE			
HAND HYGIENE			
What type of handwashing station (with hot and cold running water, liquid soap, and paper towels) will be provided in service area?	Yes – Fixed handwashing sink Yes – Portable handwashing station provided by organizer/vendor. Provide details on disposal of wastewater from the portable sink(s):		
Please note it is to be used for handwashing only.			
Supply of 70-90% alcohol-based hand rub at each service area. This does NOT replace the need of a dedicated handwashing station.	Product has NPN/DIN Product is within expiration date		
SHARPS			
Will sharps (i.e., needles, razors) be used on-site? If yes, list item(s).	☐ Yes ☐ No		
IF YES, what is your method of sharps disposal?	CSA approved sharps container provided and disposed of by event organizer CSA approved sharps container provided and disposed of by event vendor Sharps should be disposed of daily. If not, please explain where sharps containers will be stored overnight for events that are longer than 1 day:		

BOOTH LAYOUT		
storage area, garbage receptacle etc.) a		k, sharps container, equipment/supplies wn in the space below or attached to this
application.		
COMMENTS		
		·
Date (dd/mm/yyyy)	Vendor's	s Signature
	Vendo	r's Name

Accessible formats or communication supports are available upon request.