PERSONAL SERVICE SETTINGS ORGANIZER APPLICACTION FORM

This application **MUST** be completed and submitted to York Region Public Health at least **30 days** before start date of event via e-mail: health.inspectors@york.ca or it can be faxed to: 905-898-8277.

If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653, option 4**. All special event organizer and vendors must comply with the current Infection Prevention and Control Guidelines for Personal Services and <u>Ontario Regulation 136/18: Personal Service Settings</u>, under the <u>Health Protection and Promotion Act, R.S.O. 1990</u>, c.H.7.

EVENT INFORMATION				
Event name:	Event date(s):	Event date(s):		
Event time:	Expected Numbe	Expected Number of Vendors:		
Diagram of Event Layout Provided: Yes	No Expected Number	Expected Number of Attendees:		
Event Location/Address:				
Venue Type: Public Park Street Festival	Mall Property	Other (specify):		
ORGANIZER INFORMATION				
Organizer/Coordinator Name:				
Business Name (Corporation and/or Number):				
Address:		Business Phone:		
City/Town: Pos	stal Code:	Cell Phone:		
Email Address:		Fax:		
RESPONSIBILITIES OF THE ORGANIZER				
SANITARY FACILITIES:				
Will sanitary facilities be provided for the event by the organizer? (If yes, specify number)				
Portable Toilets Yes No Por	rtable Handwash Station	s Yes No		
Permanent Toilets Yes No Per	rmanent Handwash Stati	ons Yes No		
WATER SUPPLY:				
Will potable water be supplied to vendors? Yes (If yes, complete next question on water source) No				
WATER SOURCE: Municipal Well Bottled Water truck (Company Name):				
Water lines made of food-grade material: Yes No Backflow devices provided: Yes No				

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HYDRO:				
Electricity available to vendors: Yes No Back-up power available: Yes No				
Refrigerated trucks provided for vendor used:				
GARBAGE:				
Garbage cans/bins available: Yes (specify number): No Garbage will be disposed of daily: Yes No				
INFORMATION ABOUT THE VENDORS PARTICIPATING AT THE EVENT				
1. Type of services offered at this event (check all that apply):				
Aesthetics Hairdressing/barbering Manicure Micropigmentation				
Pedicure Body Piercing Tattooing				
Ear/Nose Piercing with a hand-held device Other services (please specify):				
2. Sharps, such as needles, razors will be used on-site?				
3. Method of sharps disposal? Sharps container provided and picked up by event organizer				
Sharps container provided and picked up by event vendor				
4. Critical items used at the event:				
All items that require sterilization such as needles, needle bars, jewellery, and forceps will be brought to the venue				
pre-packed and sterile. Sterilization of equipment is NOT allowed on-site at the event				
Yes → Sterilized items provided by vendor must have the date of sterilization on the package. Spore test results must be available at the event				
Yes → Single-use disposable sterile items will be brought on-site that have the expiry date and the lot numbers on the				
packaging				
No → There is no item that require sterilization at the event				
5. Cleaning and disinfection:				
Are there items that require cleaning and disinfection on-site?				
Yes → Sink(s) large enough to fit the largest item will be provided by the event organizer No → There is no item that require cleaning and disinfection at the event				
Disinfectant requires Drug Identification Number (DIN) and expiry date: Yes No Unsure				
Disinfectant Name:				
DIN number:				
Expiry Date:				
6. Handwashing:				
70-90% alcohol based hand rub will be available at each booth which must have a Natural Product Number (NPN) on				
the bottle and is not expired: Yes No Unsure				
Handwashing stations will be provided by the event organizer:				
Number of handwashing stations Type: Stationary Portable				
Product Name: NPN Number:				
Expiry Date:				
7. Animal contact: Will any of the vendors provide a service where the public has contact with animals? Yes No				
Will any of the vendors provide a service where the public has contact with animals?				

LIST OF VENDORS (Please ensure this list includes ALL vendors. If additional space is required, please attach a separate page.)			
Provide Vendor's Name and the Name of their Booth	Vendor's Mailing Address and Vendor's Email Address	Vendor's Phone Number(s) (business and cell)	
Vendor's Name: Name of Booth:			
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Vendor's Name: Name of Booth:			
Vendor's Name: Name of Booth:			
Organizer name and signature:		Date:	