

PERSONAL SERVICE SETTINGS VENDORS 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 Settings Vendors 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 SETTINGS VENDORS

- All vendors **MUST** submit a completed Vendors Application Form at least 20 days prior to the start of the event
- If Vendors Application Forms have not been received at least 20 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 Personal Service Settings Special Event Guidelines and with applicable sections of the [Ontario Regulation 136/18: Personal Service Settings](#) , under the [Health Protection and Promotion Act, R.S.O. 1990, 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? Yes No

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



York Region

SERVICES OFFERED & INSTRUMENTS/EQUIPMENT USED FOR THE EVENT

<p>List the service(s) offered to the public (e.g., tattooing, piercing, haircut, nail services etc.)</p>	<p>List and number of instruments/equipment that you will bring (e.g., 10 forceps, 50 needles, personal protective equipment?) for each service. <i>Please attach additional pages if you require more space to list all the instruments/equipment that you will be bringing.</i></p> <p>NOTE: You must bring enough instruments for use to ensure that services can be provided with clean and disinfected instruments to each client.</p>	

SERVICE PROVIDER(S)

1. 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

NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long-Term Care.

Will critical items be used on-site? If yes, list the critical item(s).	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
For items purchased pre-packaged and sterile, provide the name/address/telephone number of the supplier(s).	Name: Address: Phone #: <i>Attach separate sheet of paper if additional space is required.</i>
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 #: <i>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.</i>

CLEANING AND DISINFECTION 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)	<input type="checkbox"/> Reprocessing sink (large enough to submerge largest piece of equipment that requires cleaning and disinfection on-site). Must be plumbed in.
	<input type="checkbox"/> Brushes
	<input type="checkbox"/> Detergent
	<input type="checkbox"/> Disinfectant(s)(specify name/type and DIN/NPN):
	<input type="checkbox"/> Test strips for the disinfectant(s) <input type="checkbox"/> N/A

HAND HYGIENE

What type of handwashing station (with hot and cold running water, liquid soap, and paper towels) will be provided in service area? Please note it is to be used for handwashing only.	<input type="checkbox"/> Yes – Fixed handwashing sink <input type="checkbox"/> Yes – Portable handwashing station provided by organizer/vendor. Provide details on disposal of wastewater from the portable sink(s):
Supply of 70-90% alcohol-based hand rub at each service area. This does NOT replace the need of a dedicated handwashing station.	<input type="checkbox"/> Product has NPN <input type="checkbox"/> Product is within expiration date

SHARPS

Will sharps (i.e., needles, razors) be used on-site? If yes, list item(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, what is your method of sharps disposal?	<input type="checkbox"/> CSA approved sharps container provided and disposed of by event organizer <input type="checkbox"/> 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

Provide a diagram of your layout (e.g., workstation, hand sink, reprocessing sink, sharps container, equipment/supplies storage area, garbage receptacle etc.) at the event. The layout can be hand drawn in the space below or attached to this application.

COMMENTS

Date (dd/mm/yyyy)

Vendor's Signature

Vendor's Name

Accessible formats or communication supports are available upon request.

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