

PERSONAL SERVICE SETTINGS ORGANIZER APPLICATION 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 [Ontario Regulation 136/18: Personal Service Settings](#), under the [Health Protection and Promotion Act, R.S.O. 1990, c.H.7](#).

EVENT INFORMATION			
Event Name:		Event Date(s):	
Event Time:		Expected Number of Vendors:	
Diagram of Event Layout Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Number of Attendees:	
Event Location/Address:			
Venue Type: <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Mall Property <input type="checkbox"/> Other (specify):			
ORGANIZER INFORMATION			
Organizer/Coordinator Name:			
Business Name (Corporation and/or Number):			
Address:		Business Phone:	
City/Town:	Postal 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Portable Handwash Stations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Handwash Stations	<input type="checkbox"/> Yes <input type="checkbox"/> No
WATER SUPPLY:			
Will potable water be supplied to vendors? <input type="checkbox"/> Yes (If yes, complete next question on water source) <input type="checkbox"/> No			
Water Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Bottled <input type="checkbox"/> Water truck (Company Name):			
Water lines made of food-grade material: <input type="checkbox"/> Yes <input type="checkbox"/> No Backflow devices provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PUBLIC HEALTH

1-877-464-9675

TTY 1-866-512-6228

york.ca/BeSpaSafe



HYDRO:

Electricity available to vendors: Yes No Back-up power available: Yes No
 Refrigerated trucks provided for vendor used: Yes No

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 (specify):

2. Sharps, such as needles, razors will be used on-site? Yes No**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 N/A

Disinfectant Name:

DIN number:

Expiry Date:

6. Handwashing:

Alcohol-based hand rub stations [70-90% alcohol, not expired, has Natural Product Number (NPN)]:

Yes No Unsure

Handwashing stations will be provided by the event organizer: Yes No

Number of handwashing stations Type: Stationary Portable

Product Name:

NPN:

Expiry Date:

7. Animal contact:

Will any of the vendors provide a service where the public has contact with animals? Yes No

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:	