



**APPLICATION FORM FOR PERSONAL SERVICES AT AN EVENT**

|   |   |  |   |                                       |
|---|---|--|---|---------------------------------------|
| <b>EVENT INFORMATION:</b>   |   |  |   |                                       |
| 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 :   |   |  |   |                                       |
| <b>SERVICES OFFERED: Check (✓) All that Apply</b>   |   |  |   |                                       |
| <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<br><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"/> Reflexology  | <input type="checkbox"/> Pedicures       | <input type="checkbox"/> Other Personal Service. Describe:<br>BEAUTY - SKINCARE PRUDUCTS<br>_____   |                                       |
| <input type="checkbox"/> Piercing   | <input type="checkbox"/> Relaxation Massage   | <input type="checkbox"/> Manicures       |   |                                       |
| <b>INFECTION CONTROL:</b>   |   |  |   |                                       |
| <a href="#">Fact sheets and Guidelines</a> have been reviewed by operator providing services and expectations are understood. Please check here <input type="checkbox"/>  |   |  |   |                                       |
| <b>Hand Washing Facilities for your Booth will be provided</b> <input type="checkbox"/> by the event organizer <input type="checkbox"/> by applicant (e.g. sink, water, soap, paper towel)<br>Describe how hand washing will be done: _____   |   |  |   |                                       |
| <b>Disposable/Single Use Items – Check those that apply (provide a separate list if different from below):</b>  |   |  |   |                                       |
| <input type="checkbox"/> Machine Bag <input type="checkbox"/> Wash Bottle Bag <input type="checkbox"/> Clip Cord Sleeve<br><input type="checkbox"/> Barrier Film used for: <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Power Supply <input type="checkbox"/> Armrest<br><input type="checkbox"/> Tube and Tip Grips <input type="checkbox"/> Rinse cup<br><input type="checkbox"/> Sharps like needles, razors etc., disposed of in sharps container<br><input type="checkbox"/> Ink cups <input type="checkbox"/> Portioned ink <input type="checkbox"/> Portioned Vaseline, creams, cleansers<br><input type="checkbox"/> Wound dressing |   |  | <input type="checkbox"/> Wood tongue depressor<br><input type="checkbox"/> Emery boards for nails<br><input type="checkbox"/> Medical grade paper liners for beds/chairs<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Others (not mentioned here) Describe: _____ |                                       |
| <b>Reusable items – List items that require reprocessing and the products used for disinfection (For information, see <a href="#">PSE Guidelines</a>):</b>  |   |  |   |                                       |
| <b>Items</b>  | <b>Low level disinfection</b>   | <b>Intermediate-level disinfection</b>   | <b>High-level disinfection</b>  | <b>Sterilization</b>                  |
|   |   |  |   |                                       |
|   |   |  |   |                                       |
|   |   |  |   |                                       |
|   |   |  |   |                                       |
| Signature of Applicant or Responsible Person: <u>Nadav Heskiel</u>  |   |  |   | 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.