



***Environmental Public Health
Temporary Personal Services
(Vendor) Notification***

Application Information	Name of Vendor/Booth		
	Mailing Address		
	City/Municipality	Province	Postal Code
	Name of Booth Manager/Vendor		
	Name(s) of Artist(s)		
	Phone	Email	Fax

Event	Name of Temporary Personal Service Event	
	Event Address	
	Date(s) the booth will operate	Time(s) the booth will operate
	Check all personal services that will be offered <input type="checkbox"/> Tattooing / Permanent Make-up <input type="checkbox"/> Body Piercing <input type="checkbox"/> Other: _____ _____	

Provided By:

Services	Solid Waste Disposal <input type="checkbox"/> Garbage containers <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer
	Liquid Waste Disposal <input type="checkbox"/> Municipal sewer (direct connection) City/Town: _____ <input type="checkbox"/> Holding tank Disposal location: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer

Personal Services Vendor Notification

Provided By:

Services	Water Source and Equipment <input type="checkbox"/> Municipal water (direct connection) City/Town: _____ <input type="checkbox"/> Holding tank Fill Location: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer
	Power Supply <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer

Structure and Site Plan	Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
	<input type="checkbox"/> Enclosed tent <input type="checkbox"/> Covered booth <input type="checkbox"/> Covered tent <input type="checkbox"/> Open-top booth <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer
	Describe the surface types/materials within the booth used during outdoor events. Floors: _____ Walls: _____ Counters: _____	
	Please use the space below to draw a site map outlining the layout of your personal services booth at the special event. Photographs may also be submitted	

Personal Services Vendor Notification

Operational Commitment for Temporary Skin Invasive Personal Services

The following questions are directly related to the operation of your temporary personal services booth. **Please answer every question.** Choose N/A for any questions that are not applicable.

NOTE: Vendors offering non-invasive personal services, please proceed to page 5 for your signature.

Operational Commitment	Instruments and Supplies			
	1. Are you using disposable, pre-sterilized, single use stainless steel tattoo needles and needle bars?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Are you using disposable, pre-sterilized, single use tattoo tubes and grips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Are you using disposable, pre-sterilized, single use piercing needles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Are you using pre-sterilized, individually packaged jewellery for fresh piercing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	5. Are you using disposable, pre-sterilized, single use piercing receiving tubes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	6. Are you using disposable, pre-sterilized, single use insertion tapers, clamps, forceps, ring opening and closing pliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	7. Are you using plastic sheaths for machine and clip cord for tattooing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	8. Are you using single use elastic bands and corks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	9. Are you using easily cleanable, non-porous tray for holding instruments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	10. What disinfectants will be used? Include DIN.			

Surfaces				
1. Will all work surfaces be clean, in good repair and capable of being effectively cleaned and disinfected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Will all client contact surfaces be clean, in good repair and capable of being effectively cleaned and disinfected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Will there be sufficient storage space provided for instruments and supplies? Will the storage space be clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Personal Services Vendor Notification

Operational Commitment	Sinks and Supplies (Answer for sinks and supplies available to you at the event.)			
	1. Will there be a handwashing station plumbed in at booth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will there be a portable handsink with holding tanks? Capacity of freshwater tank: _____ gallons Capacity of wastewater tank: _____ gallons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Will the hand soap be in a dispenser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Will the paper towel be in a dispenser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Worker Personal Hygiene			
	1. Do workers understand requirements for good personal hygiene, clean clothing, no smoking or eating near work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will you have a response procedure for accidental exposure to blood/body fluids available on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Skin Preparation			
	1. Will you be using a skin antiseptic? Type or Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will you be using single use, disposable razors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Will you be using a method established for transferring solutions so as not to contaminate the bulk supply? (e.g. inks, petroleum jelly)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Will you be using single use, disposable ink caps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	5. Will you be using commercially manufactured, ready to use inks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	6. Will there be spray bottles for disinfectant, soapy solution and distilled water properly labelled and in single use plastic sheaths?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	7. Will you be using single use, disposable paper stencils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Waste Disposal			
	1. Will all waste sharps including needles/razors be placed in a puncture resistant container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will waste bins be lined and have lids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Personal Services Vendor Notification

Operational Commitment	Record Keeping			
	1. Will you maintain a daily record of names, addresses, and phone numbers of the clients and tattoo/body piercing artists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	After Care			
	1. Will skin treatment and appropriate dressings be provided on site in sufficient quantities for client volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Will verbal and written post-care instructions appropriate for the event site/location be available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

I certify that the information is to the best of my knowledge true and correct.

Signature _____

Date: _____

For Office Use Only

Reviewed by: _____

Date: _____

For more information, please contact your nearest Environmental Public Health office.

Edmonton Main Office
 Calgary Main Office
 Lethbridge Main Office
 Grande Prairie Main Office
 Red Deer Main Office

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Ph: 403-943-2295
Ph: 403-388-6689
Ph: 780-513-7517
Ph: 403-356-6366

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Fax: 403-328-5934
Fax: 780-532-1550
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www.albertahealthservices.ca/eph.asp