



Application for Fit-Out of Hairdressing and/or Skin Penetration Premises

Health Act 1911 & Hairdressing Establishment Regulations 1972

All applications are deemed addressed to the Chief Executive Office of the Shire of Exmouth

**IF YOU DO NOT INCLUDE ALL REQUIRED INFORMATION
THE ASSESSMENT OF YOUR APPLICATION MAY BE DELAYED**

Should your Health application be approved, this does not remove the need to obtain all other necessary Planning and Building approvals prior to commencing work on your premises. Contact the Shire of Exmouth on 9949 3000 for further information on their requirements.

Premises/Business Details	
Name:	
Address:	Postcode: _____
Phone (w): _____ (home): _____ (fax): _____	
Email:	
Type of Business	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Mobile <input type="checkbox"/> Commercial <input type="checkbox"/> Other

Proprietors Details	
Name:	
Address:	Postcode: _____
Phone (w): _____ (home): _____ (fax): _____	
Email:	
Signature:	Date: _____
<input type="checkbox"/> I have read Hairdressing Establishment Regulations 1972	
<input type="checkbox"/> I have attached plans of the proposed premises with this application	
<ul style="list-style-type: none">• Work area (type of floor covering, walls ceiling, shelves and fitting);• Work station/s;• Hand washing basin supplied with hot and cold water;• Instruments and equipment storage area;• General waste, hair wastes and medical waste receptacles;• Laundry facilities; and• Natural / Mechanical Ventilation (for example: windows, evaporative air conditioner outlet etc.)	



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Details of Proposed Operations:

- | | | |
|--|---|--|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Beauty Treatments | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Cosmetic Enhancements | <input type="checkbox"/> Tattooing | <input type="checkbox"/> Body Piercing |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Shaving (eg use of cut throat / disposable razors) | |

Please outline the extent and nature of additional activities not identified above

Number of work station(s)

Number of hair wash basin(s) (minimum 1 per 3 workstations)

Do you provide refreshments to customers (for example complimentary drinks / food)
.....

Personal Protective Clothing: Gloves Eye Protection Aprons / Gowns Face Masks

Sharps container: AS 4031 Compliant Company used for disposal
.....

Please attach information outlining how you undertake the following procedures:

- Equipment Sterilisation
- Hair dye preparation
- Cleaning and Maintenance (attach schedule if appropriate)

Proprietor's Declaration

I am the proprietor of the above business and all information provided is complete, true and correct.

Signature _____ Date _____



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Helpful Information

A skin penetration procedure is any procedure which involves the tearing, cutting, puncturing or shaving of the skin. Skin penetration establishments are required by law to notify the local government in which they intend to operate in and must comply with the *Health (Skin Penetration Procedures) Regulations 1998*. The Regulations outline minimum standards of infection control such as basic hygiene, disinfection and sterilisation requirements.

Visit http://www.public.health.wa.gov.au/3/1085/2/skin_penetration.pm

- [Code of Practice for Skin Penetration Procedures](#)

The skin penetration industry must comply with the mandatory code of basic hygiene, disinfection and sterilisation requirements.

- [Health \(Skin Penetration Procedures\) Regulations 1998](#)

Mandatory Regulations governing the skin penetration industry such as tattoo parlours, body piercing and beauty therapy establishments

- [Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting](#)

The procedures necessary for the prevention of the transmission of infectious diseases in the health care setting, referred to as infection control or infection control procedures.

- Download the Health Education Fact Sheets for skin penetration operators
 - [General Requirements for Operating a Skin Penetration Establishment \(PDF 258KB\)](#)
 - [Advice for the Beauty Therapy Industry \(PDF 241KB\)](#)
 - [Body Art Equipment Cleaning, Disinfecting & Sterilising Schedule \(PDF 105KB\)](#)
 - [Cut Throat Razors \(PDF 133KB\)](#)
 - [Guide for Cleaning and Disinfection of Reusable Instruments and Equipment \(PDF 179KB\)](#)
 - [Henna Tattooing \(PDF 135KB\)](#)
 - [Massage Therapy \(PDF 191KB\)](#)



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INSPECTION CHECKLISTS

1	PREMISES STANDARDS	
A	Floor, walls & ceilings	
B	Shelves, fittings & fixtures	
C	Separate work area	
D	Sinks (2) or sink + hand basin	
E	Hand basin	
F	Lighting	
G	Linen storage	
H	Sharps container	
I	Cleaning and sanitising products	

2	HYGIENE	
A	Disposable wax spatulas/ladles	
B	Disposable needles	
C	Hand washing between clients	
D	Gloves/Gowns/Aprons	
E	Waste bins in area	
F	Use by dates of disinfectant	
G	Skin Disinfecting Solution:	
i)	- 60% V/V isopropyl alcohol	
ii)	- 70% V/V isopropyl alcohol	
iii)	- 80% V/V ethyl alcohol	
iv)	- Alcoholic (isopropyl and ethyl forms of 0.5-4% W/V chlorhexadine)	
v)	- 10% W/V aqueous or alcoholic providine iodine (1% W/V iodine)	

3	POLICIES AND PROCEDURES	
A	Maintenance Schedule	
B	Cleaning Schedule	
C	Blood Spill Management Policy	
D	Needle Stick Injury Policy	
E	No Animals	
F	No Smoking	
G	Other Procedures as Required	

4	CLEANING APPLIANCES	
A	Storage of cleaning equipment	
B	All equipment sterilised/disinfected	
C	Appropriate disinfection	
i)	- 80°C for 2 min	
ii)	- 75°C for 10 min	
iii)	- 70°C for 15 min; or	
iv)	- Chemical – 2% Glutaraldehyde	
D	Appropriate sterilisation:	
	Moist heat;	
i)	- 121°C, 103kPa, 15psi, 15min	
ii)	- 126°C, 138kPa, 20psi, 10min	
iii)	- 132°C, 186kPa, 27psi, 4min	
iv)	- 134°C, 206kPa, 30psi, 3min	
	Dry heat	
v)	- 160°C for 1 hour	

5	SPECIFIC ACTIVITIES	
	ACUPUNCTURE	
A	Skin swabs	
B	Disposable needles	
	BEAUTY THERAPY	
A	Single use wax	
B	Single use electrolysis needles	
C	Tweezers and nozzles scrubbed	
D	Dry store appliances	
	BODY PIERCING	
A	Sterilisable jewellery used	
	TATTOOING	
A	Disposable razors	
B	Single use inks	

Comments: _____

Date: _____

EHO: _____ Signature: _____