

PO Box 21
22 Maidstone Crescent
Exmouth
Western Australia 6707

Phone: (08) 9949 3000
Fax: (08) 9949 3050
Email: records@exmouth.wa.gov.au
Web: www.exmouth.wa.gov.au
ABN: 32 865 822 043



SKIN PENETRATION/HAIRDRESSING COMPLIANCE

Skin penetration and hairdressing 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 and Hairdressing Establishment Regulations 1972. The regulations outline the minimum standards of infection control such as basic hygiene, disinfection and sterilisation requirements.

Establishing a skin penetration/hairdressing establishment in the Shire of Exmouth can require compliance with several areas including Planning and Building. In the first instance, you should contact the Shire of Exmouth as your application may involve:

- **Town Planning** – Liaise with Town Planner

Please make preliminary contact with a Town Planner to ascertain whether you need to apply for development approval prior to the use commencing. Fees and charges may apply.

- **Building Compliance** – Liaise with Building Surveyor

Please make preliminary contact with the Building Surveyor to ascertain whether the level of shop fit out/alteration you are intending requires a building permit and submission of plans. Fees and charges may apply.

- **Environmental Health** – Liaise with Environmental Health Officer

The premise must comply with the relevant health legislation. Application/Notification Fee: \$113.00. Inspection fees are \$72.00/hour with minimum fee \$40.00. Inspection fees are invoiced as they are conducted.

Please note: The above is a Shire of Exmouth process only and you need to make all the other necessary enquiries with any external agencies that may be pertinent to your skin penetration proposal.

OFFICE USE

Date Paid:
Account No: R074145

Receipt Number:
Officer's Initials:

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Premises/Business Details

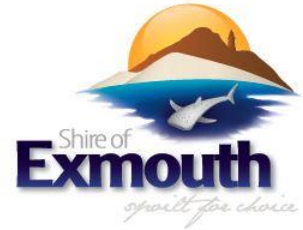
Name:			
Address:			Postcode: _____
Phone			
Email:			
Type of Business	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Mobile <input type="checkbox"/> Commercial <input type="checkbox"/> Other		

Proprietors Details

Name:			
Address:			Postcode: _____
Phone:			
Email:			
Signature:			Date: _____
<input type="checkbox"/> I have read Hairdressing Establishment Regulations 1972 <input type="checkbox"/> I have read the Health (Skin Penetration Procedures) Regulations 1998 and Code of Practice for Skin Penetration Procedures.			
<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.) 			
<input type="checkbox"/> I have consulted with Planning and Building Services when relevant to my application.			

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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 _____