

HAIRDRESSER NOTIFICATION FORM

395 Fitzgerald Street
PO Box 613
NORTHAM WA 6401
P: (08) 9622 6100
F: (08) 9622 1910
E: records@northam.wa.gov.au
W: www.northam.wa.gov.au

APPLICANT DETAILS

Applicant/s Full Name:

Applicants Postal Address:

Mobile:

Home:

Work:

Email:

ABN:

APPLICANT DECLARATION

I/We declare that all details in this form are true and correct.

Signature of Applicant:

Date:

PROPERTY DETAILS

Trading Name:

Premises Address:

Type of Business (tick all which are applicable):

☐ Home Occupation

☐ Mobile

☐ Commercial

Type of Activities:

☐ Hairdressing

☐ Shaving e.g. use of cut throat/disposable razors

☐ Other: please detail treatments/procedures offered:

FACILITIES, PROCEDURES AND PROCESSES

Facilities – General Requirements:

- Type of floors (e.g. non slip tile, vinyl etc): _____
- Wall finishes (painted, tiled etc): _____
- Number of workstations: _____
- Is the premises connected to sewer? **Yes** **No**
- Sanitary facilities for staff and patrons? **Yes** **No**
- General and Medical waste receptacles e.g. Sharps container (AS4031 compliant) **Yes** **No**

Facilities – Handwashing:

- Number of hair wash basins (minimum 1 per 3 workstations): _____
- Is hot water service provided at hair wash basins? **Yes** **No**
- Are the hand wash basin/s fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel? **Yes** **No**

Facilities –Laundry:

- Receptacle for used, dirty or soiled linen? **Yes** **No**
- Are facilities available on the premises or taken home for laundering? **Yes** **No**
- Is a dryer being installed (this must have adequate exhaust ventilation)? **Yes** **No**
- Are the laundry facilities Separate from staff facilities and/or food preparation area? **Yes** **No**

Facilities –Staff facilities:

- Is a sink with hot and cold running water separate from equipment wash up sink? **Yes** **No**
- Is there a storage cupboard for personal belongings? **Yes** **No**
- Personal protective clothing worn:
 - ☐ Gloves ☐ Eye protection ☐ Aprons/gowns ☐ Face masks
 - ☐ Other (please specify): _____
 - ☐ First aid kit provided? **Yes** **No**

Ventilation:

- Ventilation type:
 - ☐ Natural ☐ Mechanical (AS3666 Compliant)
 - * If mechanical ventilation proposed to be installed will be an evaporative air conditioner, please complete an application for the installation of an air handling system.
- Exhaust or extraction proposed to be installed to remove vapours and fumes arising from manicures and pedicures to external air **Yes** **No**

Disinfection Procedures/Products:

- Disinfection procedure for equipment and instruments? **Yes** **No**
- Is at least one vessel containing at least 1 litre of disinfecting solution to be provided for each work station **Yes** **No**
- Type of disinfecting solution:
 - ☐ Minimum 70% W/W ethyl alcohol ☐ Glutaraldehyde solution of 1% V/V
 - ☐ Hypochlorite solution of 0.5% V/V freshly ☐ Isopropyl alcohol 70% V/V

REQUIRED SUPPORTING DOCUMENTATION/ACKNOWLEDGMENT OF APPLICATION REQUIREMENTS	✓ / x
A copy of the internal fittings detailed layout showing the locations of the: Hairdressing area (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present and work station locations).	
A copy of the internal fittings detailed layout showing the locations of the: Hair wash basin supplied with hot and cold water.	
A copy of the internal fittings detailed layout showing the locations of the: Hands free type hand wash basin supplied with hot and cold water, soap and paper towels.	
A copy of the internal fittings detailed layout showing the locations of the: Sink designated for cleaning and decontaminating equipment only.	
A copy of the internal fittings detailed layout showing the locations of the: Instruments and equipment storage area.	
A copy of the internal fittings detailed layout showing the locations of the: General waste hair wastes and medical waste receptacles.	
A copy of the internal fittings detailed layout showing the locations of the: Laundry and Sanitary facilities.	
Natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.)	
Natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.)	
Payment of Annual Registration fee \$110 (this will be invoiced upon application). Applications are not deemed received by the Shire until payment has been made in full.	

INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL DELAY YOUR APPLICATION

Lodgement and Payment of Application

Hairdresser Notification fee as per [Shire of Northam Fees and Charges](#).

PAY IN PERSON

At Shire of Northam Office, 395
Fitzgerald Street, Northam during
hours 8:30am to 4:30pm Monday to
Friday.

PAY BY MAIL or EMAIL

Send completed form together with
your cheque or if paying by credit
card complete the section provided
on the right and send to;

Shire of Northam
PO Box 613
Northam WA 6401

or email to
records@northam.wa.gov.au

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name as shown on Card.....

Signature.....

Amount \$.....

Expiry Date...../.....

CCV.....

Card Number:

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**ALL FEES MUST BE PAID IN FULL BEFORE A HEALTH APPLICATION
WILL BE ACCEPTED**

***Please submit completed applications to
records@northam.wa.gov.au***