

## SKIN PENETRATION / BEAUTY THERAPY NOTIFICATION FORM

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

### 1. APPLICANT DETAILS

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

### 2. APPLICATION TYPE

**TYPE OF BUSINESS: (Please tick all boxes applicable)**

Home occupation ☐

Mobile ☐

Commercial ☐

**Semi-critical procedures:**

Body Waxing

☐

Shaving

☐

Microdermabrasion

☐

Manicures and/or pedicures

☐

Acrylic nails

☐

Threading

☐

Tweezing

☐

Tattoo

☐

Ear/body piercing

☐

**Non-critical procedures:**

Massage

☐

Facials

☐

Make-up application

☐

Eye lash and eye brow (tinting/extension)

☐

Other: please detail the treatments/procedures/services that you provide/offer:

\_\_\_\_\_

\_\_\_\_\_

**Facilities: (please tick or circle where applicable)**

General requirements:

- Types of floors (e.g., nonslip tiles, vinyl etc.): \_\_\_\_\_
- Types of walls (e.g., painted, tiles etc.): \_\_\_\_\_
- Workstations separate from treatment area Yes/No
- Areas used for skin penetration procedures, workspace, and preparation areas. Yes/No
- shall be illuminated to a level that complies with AS 1680.2
- Is the premises connected to sewer? Yes/No
- Sanitary facilities for staff and patrons? Yes/No

Cleaning facilities:

- A sink supplied with hot and cold water designated for cleaning/decontaminating equipment Yes/No
- Workspace for cleaning area separate from preparation area Yes/No

Hand washing facilities:

- Number of hand wash basins: \_\_\_\_\_
- Location of hand wash basins in immediate treatment area Yes/No
- Hot water service provided at hand wash basins Yes/No
- Hand wash basin fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel Yes/No

Laundry facilities:

- Receptacle for used, dirty or soiled linen Yes/No
- Available on the premises ☐ Taken home for washing. ☐
- Dryer being installed with adequate exhaust ventilation Yes/No
- Separate from staff facilities and/or food preparation area Yes/No

Staff facilities:

- A sink with hot and cold running water separate from equipment wash up sink Yes/No
- 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
- Staff to be aware of Australian National Council on AIDs needle stick policy and infection control procedures and safe working practices Yes/No
- Staff will be offered immunization e.g., Hepatitis B vaccine against infections which are a potential risk in a skin penetration environment Yes/No

Waste disposal:

- Sharps container (AS4031 compliant) Yes\*/No

Ventilation:

N a t u r a l ☐ M e c h a n i c a l \* ☐ (AS1668 & 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 of equipment and skin preparation Yes/No

- Name of disinfectant(s): \_\_\_\_\_

- Active ingredient: \_\_\_\_\_

- Name of disinfecting solution for skin preparation: \_\_\_\_\_

70 % W / W isopropyl alcohol ☐ 80 % V / V ethyl alcohol ☐

60 % V / V isopropyl alcohol ☐ Other ☐

If Other, please specify \_\_\_\_\_

- Sterilisation required for critical procedures

A u t o c l a v e ☐ D r y h e a t s t e r i l i s a t i o n ☐

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pressure: \_\_\_\_\_ Time: \_\_\_\_\_

**PLEASE NOTE: the following 3 information items must be provided in writing with this application.**

1. Copy of the internal fittings detailed layout showing the locations of the following:
  - a) Procedures area e.g., for waxing, tattooing, massage etc. (please indicate the type of floor covering, walls, ceiling, shelves, fittings, and any other furniture present).
  - b) Hands free type hand wash basin supplied with hot and cold water, soap, and paper towels in the immediate treatment area.
  - c) Sink designated for cleaning and decontaminating equipment only.
  - d) Workspace and preparation area (separate from treatment areas).
  - e) Workstations.
  - f) Instruments and equipment storage area.
  - g) Preparation area for refreshments.
  - h) General waste and medical wastes receptacles.
  - i) Laundry facilities.
  - j) natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.); k) Staff facilities including kitchen sink and storage cupboard; l) Sanitary facilities.
2. Details of sterilisation equipment(s) to be used (if applicable) Please include the following details:
  - Specifications
  - Details of calibration including certificate of calibration
  - Details of maintenance including servicing details and log sheets
3. Cleaning, disinfection and/or sterilisation plan (if applicable)

**Declaration:**

I, \_\_\_\_\_ (name of the applicant) declare that the information contained in this application is true and correct in every particular.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ***Lodgement and Payment of Application***

**Skin Penetration Premises Notification Fee as per [Shire of Northam Fees and Charges](#)**

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### **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**