

Special Events Personal Services Vendor Form

MUST BE COMPLETED BY INDIVIDUAL VENDOR AND RETURNED 14 DAYS BEFORE THE EVENT

Events must comply with applicable sections of [O.Reg 136/18: PERSONAL SERVICE SETTINGS](#)
Failure to receive approval prior to operation may result in closure and/or other legal action.

Event Information

Event Name:	Event Address:
Date(s) of Operation:	Times of Operation:

Vendor Information

Business Name:	Owner Name:
Business Address:	Address:
Business Phone:	Owner Home Phone:
Business Fax:	Owner Cell Phone:
Business Email:	Email:
Vendor Permit #:	Corporation Name or Number:
Name/Number of Booth at Event:	Booth Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor

List type of services provided at event (Tattoo, Body Piercing, Manicure/Pedicure, etc.):	Disposable Equipment		Multiuse Equipment	
	Yes	No	Yes	No
1.				
2.				
3.				

On-site sterilization NOT ALLOWED

Name and location of sterilization premise: _____

Puncture proof storage/transport container for used equipment provided YES NO N/A

Spore test results provided for last three spore tests on approved sterilizer YES NO N/A

Hand Hygiene Stations

Municipal Water
 Bottled Water
 Hauled Water - If water hauled please provide:
Name of hauler:
Phone # of hauler:

Hand Hygiene Station Supplies

Number of lined garbage cans in vending booth:
Method of Wastewater Disposal:
 Municipal
 Other (specify)

Single Use Disposable Equipment for Event

- Applicators
- Clamps / Forceps
- Razors/Lancets
- Nail Buffers
- Dental bibs
- Sterile Grips/Tubes/Barrels
- Gloves
- Sterile Needles
- Ink caps
- Nail Files
- Sterilization packaging
- Tattoo Stencils
- Other (specify):

Approved sharps container provided YES NO

Reusable Equipment for Event

- Cuticle Nippers
- Metal foot files
- Stainless steel bowls
- Clamps / Forceps
- Grips / Tubes / Barrels
- Nail Clippers
- Scissors
- Tattoo Machine / frame
- Other (specify):

Water Supply

- Municipal Water
- Bottled Water
- Hauled Water - If water hauled please provide:
Name of hauler:
Phone # of hauler:

Garbage & Wastewater Disposal

Number of lined garbage cans in vending booth:

Method of Wastewater Disposal:

- Municipal
- Other (specify)

Cleaning & Disinfecting

Name of disinfectant(s) to be used: _____

Intended use of disinfectant(s): _____

Test strips provided for disinfectant YES NO N/A

Applicant: I have read the *Operational Information for Personal Services at Special Events* information sheet. I understand the requirements for personal services vendors at temporary events and have provided the information to all personal services workers that will be working at the event. I agree that all the information I have provided is accurate.

Print Name: _____

Date: _____

Neither the Middlesex-London Health Unit nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this approval and inspection.

Personal information is collected under Section 3 of O.Reg 136/18: *Personal Service Settings*. This information will be used for ownership identification and enforcement of the regulation. Contact Jordan Banninga, Infectious Disease Control Manager at 519-663-5317 if you have further questions.

To be completed by Public Health Inspector

Application Approved: YES NO

Inspector Comments:

Inspector Name: _____

Date: _____