

SPECIAL EVENT PERSONAL SERVICE PERMIT (SEPS)

Personal Service Application Package



Public Health
Santé publique
SUDBURY & DISTRICTS

IMPORTANT INFORMATION

Event Organizers and Personal Service Operators

This application is intended to be used for special events that the public has been invited to and where personal services (e.g., tattooing, body piercing, ear piercing, manicure/pedicure, facials, hairdressing, waxing) will be offered. Some of these special events may include conventions, expos, shows, and fairs.

Operators of personal services at special events must ensure compliance with [Ontario Regulation 136/18: Personal Service Settings](#) under the [Health Protection and Promotion Act](#), and the guidelines contained within this application.

Application submissions to Public Health will be the responsibility of the vendor and the event organizer. No person shall provide a personal service at a special event without submitting this application and receiving written approval from Public Health Sudbury & Districts.

Vendors at the event that do not have Public Health approval may be ordered to stop providing the service.

Applications should be submitted at least 14 days prior to the event.

GUIDELINES

Water Supply

A potable water supply must be available for hand sinks and any sinks designated for cleaning and disinfection. This supply must be

continuous during the event's hours of operation. A private water supply will require sampling and approval by Public Health prior to the event.

Adequate means of greywater disposal must be provided (where applicable). Contact Public Health Sudbury & Districts to discuss greywater disposal requirements.

Hand Hygiene

There must be adequate hand wash stations for all personal services vendors. All personal service workers must wash their hands before service delivery and as required during and after delivering the service.

The hand wash stations must be continuously supplied with hot and cold running water, liquid soap in dispensers, and single-use paper towels at all times. Hand sanitizer (60-90% alcohol content) must be available at each vendor booth. Hand sanitizer is permitted as a method of hand hygiene when hands are not visibly soiled. **The requirement for alcohol-based hand rub does not replace the need for access to hand wash stations as indicated above.**

When performing invasive services, such as tattooing and body piercing, single-use disposable gloves are required. The use of gloves does not replace the need for hand hygiene.

Instruments and Reprocessing

Single-use instruments purchased prepackaged and pre-sterilized are encouraged. Proof of prepackaged, pre-sterilized items will be required.

If the personal services vendor is intending to use instruments that are NOT purchased pre-packaged and pre-sterilized, the vendor MUST receive approval on the conditions of their use from Public Health prior to the event. No reprocessing of critical instruments is to be conducted at the event. A container clearly marked *Dirty Instruments* must be onsite. A puncture-proof container with a tight-fitting lid must be used to transport dirty instruments to an inspected premises for reprocessing.

All sterile instruments must be brought to the site in a manner that ensures the integrity of the sterilized instruments (i.e., puncture-proof container with tight fitting lid).

Garbage and Biohazardous Waste

An adequate number of garbage receptacles shall be provided and conveniently located for use by the personal services vendor.

Where applicable, an approved sharps container must be provided to dispose of sharps. The sharps container must be conveniently located for use by the personal services vendor and inaccessible to the public. The container must be of adequate size for the event and labeled "BIOHAZARD." All sharps containers must be disposed in an appropriate manner (i.e., returned to an approved location).

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Application



**Public Health
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SUDBURY & DISTRICTS

Each personal services vendor must submit a completed application form to Public Health Sudbury & Districts at least 14 days prior to the event. Events must comply with Ontario Regulation 136/18 under the *Health Protection and Promotion Act*. Note: Failure to receive approval prior to performing personal services at a special event may result in closure of premises, or other legal action.

FOR OFFICE USE ONLY

Date office received: _____ Area#/PHI: _____

EVENT INFORMATION

Name of event: _____

Location: _____ Expected daily attendance: _____

Start date: _____ End date: _____

Event organizer name: _____ Telephone: _____

Email: _____

Note: If you intend to participate in multiple events, please include an additional sheet with the event names, dates, and organizer name/contact information, with this application.

INFORMATION OF PERSON IN CHARGE

Business name: _____

Business address: _____

Owner legal name/contact information: _____

Owner chosen name (if different from legal name): _____ Pronouns: _____

1. Legal name of individual(s) who will be providing services at the event: _____

Chosen name (if different from legal name): _____ Pronouns: _____

Telephone: _____ Email: _____

2. Legal name of individual(s) who will be providing services at the event: _____

Chosen name (if different from legal name): _____ Pronouns: _____

Telephone: _____ Email: _____

3. Legal name of individual(s) who will be providing services at the event: _____

Chosen name (if different from legal name): _____ Pronouns: _____

Telephone: _____ Email: _____

PERSONAL SERVICE

Type of service provided. (tattooing, body piercing, etc.)	Critical items are single use, disposable?		If NO, provide off-site location for sterilization of critical items
	YES	NO	
Set Up: Service must be performed in an enclosed, cleanable area. <input type="checkbox"/> Outdoor Facility <input type="checkbox"/> Indoor Facility			
Potable water supply:			
<input type="checkbox"/> Municipal hookup	<input type="checkbox"/> Commercially bottled	<input type="checkbox"/> Private supply	
<input type="checkbox"/> Other, specify:			
Wastewater and garbage disposal:			
Method of wastewater disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Other, specify:			
Number of garbage receptacles in booth: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other			
Approved sharps container provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Instruments/Supplies to be brought on-site: (check all that apply)			
Single-use Disposable:			
<input type="checkbox"/> Sterile needles	<input type="checkbox"/> Sterile grips / Tubes / Barrels	<input type="checkbox"/> Dental bibs	
<input type="checkbox"/> Sterilization packaging	<input type="checkbox"/> Clamps / Forceps	<input type="checkbox"/> Ink caps	
<input type="checkbox"/> Tattoo stencils	<input type="checkbox"/> Applicators	<input type="checkbox"/> Gloves	
<input type="checkbox"/> Razors	<input type="checkbox"/> Nail files	<input type="checkbox"/> Nail buffers	
<input type="checkbox"/> Others, specify			
Reusable:			
<input type="checkbox"/> Grips/Tubes/Barrels	<input type="checkbox"/> Tattoo machine/Frame	<input type="checkbox"/> Clamps/forceps	
<input type="checkbox"/> Scissors	<input type="checkbox"/> Cuticle Nippers	<input type="checkbox"/> Nail clippers	
<input type="checkbox"/> Others, specify			
Name of disinfectant(s) that will be available on-site. What will the disinfectant be used for?			
Test strips provided for disinfection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

How will **semi-critical and non-critical instruments** be cleaned and disinfected during the event (if applicable)?

Do not complete this section if using prepackaged, pre-sterilized instruments.

Vendor will provide copy of spore test results processed within 30 days of event ☐ Yes ☐ No

Instruments used at the event processed after the above-mentioned passed spore test date. ☐ Yes ☐ No

Hand Hygiene Stations (e.g., hand sinks):

Locations: ☐ Washrooms ☐ Booth ☐ Portable handwash station

☐ Other, specify:

Sink(s) with hot and cold running potable water

☐ Yes

☐ No

Liquid soap in dispenser

☐ Yes

☐ No

Single-use paper towels

☐ Yes

☐ No

Single-use moist towelettes

☐ Yes

☐ No

Hand sanitizer (60-90% alcohol)

☐ Yes

☐ No

Dirty instrument container on site

☐ Yes

☐ No

Other, specify

☐ I hereby certify that the information contained in this application is accurate.

Applicant name or signature

Date

Complete this registration form and send it via email to health_protection@phsd.ca as an attachment, or fax it to 705.677.9607. Save a copy of this PDF to your computer and print it for your records.

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*

R: 07/2023