Personal Services HEALTH APPLICATION & REQUIREMENTS

PLEASE FAX COMPLETED APPLICATION TO Fraser Health at 604-870-7901

PLEASE PAX COMPLETED APPLICATION TO Plaser Health at 004-070-7301								
Contact person:						Organization:		
Mailing address:			City:		Postal co			
Contact phone #:			Alt Phone #:				ax #::	
Ever	•							
	tion: Tradex, 1190 Cornell S	tree	t. Abbotsford, BC					
	Date(s): Hours of operation:							
Date	(3).				1100	113 01	орстаноп.	
DI	ease check all that apply:							
ГІС	ase check all that apply.							
	Hair services		Acrylic nails		Manicure / Pedicure	• 🗆	Tanning	
	Electrolysis		Laser therapy		Skin care		Body piercing	
_	•	_	1A/ ·	(ae	esthetics)	_	0.1	
	Tattooing		Waxing	toc	Therapeutic touch chriques		Other:	
RF	QUIREMENTS			ıec	iiiiques			
- ' '	QUINCINEITIO							
	 Floors and walls must h 	ave	e easily cleanable sur	face	es in all work areas	s.(Ca	rpeting, unfinished	
	 Floors and walls must have easily cleanable surfaces in all work areas. (Carpeting, unfinished wood and other unpainted surfaces are generally not permissible in work areas) Tables, counter tops, cabinets, shelves, etc must be surfaced with a non-absorbent, and easy to clean 							
	material.		oto, onerves, etc mast be	Juii	acca with a non absor	born, ai	na casy to olean	
	 Hand wash facilities may be required in a convenient location to stations where high-risk activities are carried 						ivities are carried	
	out.(High risk activities include those where the skin is pierced or broken or there is a risk of skin piercing) Please							
	consult with the public health							
	risk. The public health inspect facilities.	ctor	can also provide advice of	n po	ssible locations for the	require	ed hand wash	
	 The premises must 							
	•	om a	ny food storage, preparat	ion.	or delivery areas and f	rom an	v food premises	
	under the Food Premise			,			, p	
	Provide adequate lightin							
			e the particular services b					
	There must be adequate step haing provided Where require							
	being provided. Where requi equipment and rated for the						1/Steriiization	
	 Whenever practical, single us 						to pierce the skin or	
	the risk of accidental skin bre				.,	3		
	Written sanitation and disinference		•	•				
	Written procedures must be			/ashi	ing, handling and stora	ige of a	ny reusable towels,	
	cloths, sheets and similar clo				to at the state of	.,		
	 Written procedures must be provide a mop or janitorial sin 					ace, it r	may be necessary to	
	 Adequate provisions must be 					instrun	nente such as	
	needles or razor blades. It sh							
	products as part of normal co							
	Provisions must be in place f	for th	ne safe storage, use and o					
	• It is the responsibility of the o	per	ator to ensure that all che	mica	ls in use are approved	for the	intended use and	

employees are aware of the specific safety considerations related to each product.

DESCRIPTION OF SERVICES:

Personal Services HEALTH APPLICATION & REQUIREMENTS PLEASE FAX COMPLETED APPLICATION TO Fraser Health at 604-870-7901						
SITE PLAN FOR YOUR BOOTH:						
Please show the details of your proposed layout including the location of any equipment, tables, or counters. Use a separate sheet if necessary.						
Questions? Please contact the Fraser Health Authority for more information. PLEASE FAX COMPLETED APPLICATION TO Fraser Health at 604-870-7901 DESCRIBE STERILIZATION & DISINFECTION PROCEDURES:						
List equipment & chemical agents with the proper concentrations & contact times to obtain acceptable level of disinfection or sterilization.						
OTHER RELEVANT INFORMATION:						