

## Form: **Personal Services Special Event Vendor**

### Event information

**Submit** completed form  
**14 days prior** to the  
event by fax, email,  
mail or drop off.

**Separate forms are  
required** for each event  
you attend.

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Event name \_\_\_\_\_  
Address (911) \_\_\_\_\_  
City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Event dates \_\_\_\_\_  
Opening time \_\_\_\_\_ a.m. p.m. Closing time \_\_\_\_\_ a.m. p.m.  
For additional information, visit [www.hp-ph.ca/personalservices](http://www.hp-ph.ca/personalservices)

### Organizer information

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Organizer or sponsoring group/agency \_\_\_\_\_  
Event contact first name \_\_\_\_\_ Last name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address (911) \_\_\_\_\_  
City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

### Vendor information

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Business name \_\_\_\_\_  
Owner first name \_\_\_\_\_ Last name \_\_\_\_\_  
Owner phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Address (911) \_\_\_\_\_  
City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
.....  
Vendor permit number \_\_\_\_\_ Corporation number \_\_\_\_\_  
Name/number of booth \_\_\_\_\_  
Booth location    Indoor    Outdoor  
Are you a first-time participant of a Special Event in Huron Perth?    Yes    No  
If no, name of most recent event in Huron Perth \_\_\_\_\_  
Recent event date(s) \_\_\_\_\_  
Recent inspection date \_\_\_\_\_  
Inspection result (or attach report): \_\_\_\_\_

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Personal services  
provided at event

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Check all that apply:

No services provided to the public

Manicure

Pedicure

Foot bath

Yes

No

Recirculating

Yes

No

Tattooing

Micropigmentation

Piercing

Waxing

Other, describe:

Sterilization  
information

\*Items **must** be  
brought to the venue  
**prepackaged** and  
**sterile**.

**Provide** a supplier list  
for pre-packaged and  
sterile items. Attach  
an additional sheet  
if needed. Name the  
document, [Event name]  
– Supplier list

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Will you be bringing items to the event that require sterilization  
such as needles, needle bars, jewellery, and forceps?

Yes\*

No

Pre-packaged and sterile items supplier(s):

a. Supplier name

Address (911)

City or town

Province

Postal code

Phone

List item(s)

Pre-packaged and sterile items supplier(s):

b. Supplier name

Address (911)

City or town

Province

Postal code

Phone

List item(s)

Pre-packaged and sterile items supplier(s):

c. Supplier name

Address (911)

City or town

Province

Postal code

Phone

List item(s)

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## Sterilization information

Items sterilized by the **owner/operator** at their business location **must** have the date of sterilization on the package. Spore test results are required at the venue.

If different from vendor information, provide the name and address of where the items were sterilized. Attach an additional sheet if needed. Name the document, [Event name] – Sterilization location

**No sterilization of equipment is permitted on site at the event.**

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Items sterilized at a business location: Same as vendor business address

Business name \_\_\_\_\_

Address (911) \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List item(s)

Business name \_\_\_\_\_

Address (911) \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List item(s)

## Event equipment

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Single use disposable equipment for event:

Applicators	Dental bibs	Nail files
Clamps/forceps	Sterile needles	Sterilization packaging
Razors/lancets	Ink caps	Tattoo stencils
Other, describe:		

Reusable equipment for event:

Cuticle nippers	Clamps/forceps	Scissors
Metal foot files	Grips/tubes/barrels	Tattoo machine/frame
Stainless steel foot bowls	Nail clippers	
Other, describe:		

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## Handwashing

**Hand hygiene is required** before and as needed during and after service delivery.

The event organizer must ensure there are handwashing stations equipped with liquid soap in dispensers and single-use towels for all vendors and their staff. Stations must be fully equipped and sanitary at all times.

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Will there be a separate handwashing basin with hot and cold or warm running water in the service area? Yes No

If no, explain \_\_\_\_\_

If yes, number of sinks provided \_\_\_\_\_

Type: Fixed Location  
Portable

Describe set-up:

Will you have a supply of liquid soap and paper towels for the handwashing sink(s)? Yes No

If no, explain \_\_\_\_\_

Will alcohol-based hand rub (70-90% alcohol concentration) be available at each booth? Yes No

## Reprocessing station

†Must be operated in accordance with the Public Health Ontario (PHO) *Guide to Infection Prevention and Control (IPAC) in Personal Service Settings*, 3<sup>rd</sup> edition.

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Will an ultrasonic cleaner be used to clean instruments? Yes<sup>†</sup> No

Describe how reprocessing will be done on site:

Name of disinfectant(s):

Drug Identification Number (DIN)/Natural Product Number (NPN):

Intended use of disinfectants(s) \_\_\_\_\_

Test strips provided for disinfectant? Yes No Not applicable

Labelled container(s) to store and transport dirty items on site? Yes No

## Potable water

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Indicate source of potable water:

Municipal water Hauled municipal water\*\* Commercially bottled N/A  
Well water (sampled within the past 6 months – provide proof to public health)

\*\*Hauler name \_\_\_\_\_ Address (911) \_\_\_\_\_

City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_

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Wastewater and  
garbage disposal

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Explain how you will dispose of and/or hold wastewater (from handwashing and/or reprocessing) during an event:

Number of lined garbage cans with lids in vending booth \_\_\_\_\_

Vendor signature

**All sections of form  
required**

**Note: Non-compliance**  
with HPPH requirements  
may result in service  
interruption or closure.

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**I acknowledge** that I have received and read the Infection Prevention and Control (IPAC) Guidelines for Special Events and I understand the requirements for personal services vendors at special events. The information I have provided in this form is correct.

**Sign and date here** (*Required*)

X

Date (*mm/dd/yyyy*) \_\_\_\_\_

Personal  
information

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The personal information on this form 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.