

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.

1

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

Organizer information

2

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

Vendor information

3

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): _____

Form: Personal Services Special Event Vendor

Personal services
provided at event

4

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

5

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)

Form: Personal Services Special Event Vendor

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.

5

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

6

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:		

Form: Personal Services Special Event Vendor

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.

7

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*, 3rd edition.

8

Will an ultrasonic cleaner be used to clean instruments? Yes[†] 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

9

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 _____

Form: **Personal Services Special Event Vendor**

Wastewater and
garbage disposal

10

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 sign off

**All sections of form
required**

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

11

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.

Enter name and date here

Vendor name _____ Date (mm/dd/yyyy) _____

Personal
information

12

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.