

Porcupine Health Unit – Environmental Health  
**PERSONAL SERVICES SETTING SPECIAL EVENT  
PERMIT APPLICATION FORM**

This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off or faxed to any Porcupine Health Unit office or emailed to [inspections@porcupinehu.on.ca](mailto:inspections@porcupinehu.on.ca). If you require assistance, please call the Environmental Health department at (705)267-1181 (1-800-461-1818).

**EVENT INFORMATION**

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	EXPECTED NUMBER ATTENDANCE:

**OPERATOR INFORMATION**

BUSINESS NAME:	
NAME OF APPLICANT:	
STREET AND MAILING ADDRESS:	
CITY/TOWN:	POSTAL CODE:
TELEPHONE: ###-###-#### Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):	
EMAIL:	FAX: ###-###-####
SERVICES BEING OFFERED: <input type="checkbox"/> manicure <input type="checkbox"/> pedicure <input type="checkbox"/> electrolysis <input type="checkbox"/> laser hair removal <input type="checkbox"/> tattooing <input type="checkbox"/> body piercing <input type="checkbox"/> ear lobe piercing <input type="checkbox"/> barbering <input type="checkbox"/> other:	
DATE OF LAST HEALTH UNIT INSPECTION: YYYY-MM-DD <input type="checkbox"/> copy of last inspection record enclosed (if from another health unit jurisdiction)	

**PERSONAL SERVICE**

SINGLE USE EQUIPMENT: <input type="checkbox"/> applicators <input type="checkbox"/> gloves <input type="checkbox"/> razors <input type="checkbox"/> toe separators <input type="checkbox"/> nail buffers/blocks <input type="checkbox"/> ink caps <input type="checkbox"/> sterile needles <input type="checkbox"/> disposable grips/tubes/tips <input type="checkbox"/> piercing jewelry <input type="checkbox"/> tattoo stencils <input type="checkbox"/> plastic covers <input type="checkbox"/> other (specify):	
RE-USABLE EQUIPMENT: <input type="checkbox"/> cuticle nippers <input type="checkbox"/> nail clippers <input type="checkbox"/> scissors <input type="checkbox"/> nail/foot files <input type="checkbox"/> clamps/forceps <input type="checkbox"/> needles <input type="checkbox"/> not applicable <input type="checkbox"/> other (specify): <i>Note: Re-usable equipment must be covered with single-use, disposable covers. Re-usable equipment must be cleaned, disinfected or sterilized as appropriate at an approved premise, and used as single use equipment during the event.</i>	
WHERE WILL RE-USABLE EQUIPMENT BE REPROCESSED?	
<u>WASTE DISPOSAL</u> APPROVED SHARPS CONTAINER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A GARBAGE WITH LID: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A METHOD OF WASTE DISPOSAL: <input type="checkbox"/> municipal <input type="checkbox"/> other (specify):	<u>WATER SUPPLY</u> <input type="checkbox"/> municipal water <input type="checkbox"/> commercially bottled water <input type="checkbox"/> hauled water: Name of hauler: Telephone: ###-###-####

**CLEANING AND DISINFECTING**

DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain: _____ )
HAND SANITIZER (70-90% isopropyl/ethyl alcohol) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NAME OF DISINFECTANT BEING USED: DRUG IDENTIFICATION (DIN)/NATURAL PRODUCT NUMBER (NPN): WHAT WILL THE DISINFECTANT BE USED ON? <i>Note: All equipment must be stored in puncture proof containers with tight fitting lids and transported back to the main business for cleaning, disinfection/sterilization prior to being re-used.</i>

POWER SUPPLY:  electrical hook-up  generator  not applicable  other (specify):

CLIENT RECORDS (including name, phone number, date of service and type of service)  
 Yes  No (If no, explain: )

RECORDS FOR ACCIDENTAL EXPOSURES:  Yes  No (If no, explain: )

I have reviewed the information above and understand the requirements for the operation of this special event.

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: YYYY-MM-DD

**THE FOLLOWING CONDITIONS/RECOMMENDATIONS ARE TO BE COMPLETED BEFORE THE EVENT IS ALLOWED TO COMMENCE:**


INSPECTOR: \_\_\_\_\_ DATE SIGNED: YYYY-MM-DD

**FOR OFFICE USE ONLY** This application is:  APPROVED  NOT APPROVED

O. Reg 136/18

- Provided special event permit.
- Entered in HealthSpace as Special Event Vendor.
- Requires an on-site inspection.

**Main Office**

**Branch Offices**

**Timmins**  
169 Pine St. South  
P.O. Bag 2012  
P4N 8B7  
(705)267-1181 or  
Fax. (705)264-3980

**Cochrane**  
2-233 Eighth St.  
P0L 1C0  
(705)272-3394  
Fax. (705)272-4996

**Hornepayne**  
247 Third Avenue  
P.O. Box 127  
P0M 1Z0  
(807)868-2091  
Fax. (807)868-2225

**Kapuskasing**  
4 Ash St.  
P5N 2C8  
(705)335-6101  
Fax. (705)337-1895

**Smooth Rock Falls**  
141 Fifth St.  
P.O. Box 388  
P0L 2B0  
(705)338-2654  
Fax. (705)338-2250

**Hearst**  
1030 George St., Unit 2  
P.O. Box 2470  
P0L 1N0  
(705)362-7808  
Fax. (705)362-7462

**Iroquois Falls**  
58A Anson Drive  
P.O. Box 575  
P0K 1G0  
(705)258-2247  
Fax. (705)258-2249

**Matheson**  
Bingham Memorial  
Hospital  
P.O. Box 490  
P0K 1N0  
(705)273-2954  
Fax. (705)273-2522

**Moosonee**  
38 Revillion Rd  
P.O. Box 730  
P0L 1Y0  
(705)336-2294  
Fax. (705)336-2919

**1-800-461-1818**

**www.porcupinehu.on.ca**

**DISPONIBLE EN FRANÇAIS**