

Personal Services Vendor Notification

Provided By:

Services	Water Source and Equipment <input type="checkbox"/> Municipal water (direct connection) City/Town: _____ <input type="checkbox"/> Holding tank Fill Location: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer
	Power Supply <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer

Structure and Site Plan	Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
	<input type="checkbox"/> Enclosed tent <input type="checkbox"/> Covered tent <input type="checkbox"/> Other _____	<input type="checkbox"/> Covered booth <input type="checkbox"/> Open-top booth
	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Describe the surface types/materials within the booth used during outdoor events. Floors: _____ Walls: _____ Counters: _____	
Please use the space below to draw a site map outlining the layout of your personal services booth at the special event. Photographs may also be submitted		

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Operational Commitment for Temporary Skin Invasive Personal Services

The following questions are directly related to the operation of your temporary personal services booth. **Please answer every question.** Choose N/A for any questions that are not applicable.

NOTE: Vendors offering non-invasive personal services, please proceed to page 5 for your signature.

Instruments and Supplies				
Operational Commitment	1. Are you using disposable, pre-sterilized, single use stainless steel tattoo needles and needle bars?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Are you using disposable, pre-sterilized, single use tattoo tubes and grips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Are you using disposable, pre-sterilized, single use piercing needles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Are you using pre-sterilized, individually packaged jewelry for fresh piercing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	5. Are you using disposable, pre-sterilized, single use piercing receiving tubes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	6. Are you using disposable, pre-sterilized, single use insertion tapers, clamps, forceps, ring opening and closing pliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	7. Are you using plastic sheaths for machine and clip cord for tattooing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	8. Are you using single use elastic bands and corks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	9. Are you using easily cleanable, non-porous tray for holding instruments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	10. What disinfectants will be used? Include DIN. <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
Surfaces				
1. Will all work surfaces be clean, in good repair and capable of being effectively cleaned and disinfected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Will all client contact surfaces be clean, in good repair and capable of being effectively cleaned and disinfected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Will there be sufficient storage space provided for instruments and supplies? Will the storage space be clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Personal Services Vendor Notification

Operational Commitment	Sinks and Supplies (Answer for sinks and supplies available to you at the event.)			
	1. Will there be a handwashing station plumbed in at booth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will there be a portable hand sink with holding tanks? Capacity of freshwater tank: _____ gallons Capacity of wastewater tank: _____ gallons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Will the hand soap be in a dispenser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Will the paper towel be in a dispenser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Worker Personal Hygiene			
	1. Do workers understand requirements for good personal hygiene, clean clothing, no smoking or eating near work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will you have a response procedure for accidental exposure to blood/body fluids available on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Skin Preparation			
	1. Will you be using a skin antiseptic? Type or Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will you be using single use, disposable razors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	3. Will you be using a method established for transferring solutions so as not to contaminate the bulk supply? (e.g. inks, petroleum jelly)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	4. Will you be using single use, disposable ink caps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	5. Will you be using commercially manufactured, ready to use inks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	6. Will there be spray bottles for disinfectant, soapy solution and distilled water properly labelled and in single use plastic sheaths?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	7. Will you be using single use, disposable paper stencils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Waste Disposal			
	1. Will all waste sharps including needles/razors be placed in a puncture resistant container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will waste bins be lined and have lids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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Operational Commitment	Record Keeping			
	1. Will you maintain a daily record of names, addresses, and phone numbers of the clients and tattoo/body piercing artists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	After Care			
	1. Will skin treatment and appropriate dressings be provided on site in sufficient quantities for client volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	2. Will verbal and written post-care instructions appropriate for the event site/location be available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

I certify that the information is to the best of my knowledge true and correct.

Signature _____

Date: _____

For Office Use Only

Reviewed by: _____ Date: _____

Contact us at 1-833-476-4743 or [submit a request online](http://submit.a request online at ahs.ca/eph) at ahs.ca/eph.

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