

Application for Approval of Skin Penetration Fit-out Plan

A1. Application Details

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
OR			
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Applicants Address	<input type="text"/>	Postal Address	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>
Driver Licence No.	<input type="text"/>	State of Issue	<input type="text"/>

A2. Business Details

Business Trading Name	<input type="text"/>		
Business Address	<input type="text"/>	ABN	<input type="text"/>
If <i>mobile</i> Residential Address of Operator	<input type="text"/>		
Business Status	<input type="checkbox"/>	Existing (registered with Tweed Shire Council)	
	<input type="checkbox"/>	New business (not previously registered with Tweed Shire Council)	
Business Type	<input type="checkbox"/>	Homebased business	
	<input type="checkbox"/>	Mobile business (van/truck)	
	<input type="checkbox"/>	Fixed Premises (shop)	

NOTE!

One set of plans must be lodged with this application, drawn to a scale of 1:50 fully dimensioned, legible and must show floor plan and two sectional elevations accompanied by a site plan drawn to a scale of 1:200

Application for Approval of Skin Penetration Fit-out Plan

A3. Approval Details

Has a Development Application been lodged? Yes No

If 'Yes' please provide DA Number

Has a Development Application been issued? Yes No

A4. Business Layout - Must comply with the *Public Health Regulations 2012*

Please provide a fit out plan which shows:

- Floor plan (birds eye view) with details of; floor/walls/ceiling, hand wash basin, equipment, procedure area and storage areas;
- Workflow for 'clean and dirty' zones and
- Homebased businesses may use photos.

Will reusable equipment be used to penetrate skin?

Sterilisation method:

They must be sterilised using a bench-top autoclave that is maintained in accordance with AS 2182-1998.

Describe what materials are going to be use for walls, floors and ceilings. Must be smooth and impervious to moisture for easy cleaning.

The premises is clean, hygienic and has a waste bin. Yes No

The premises has a hand-wash basin in each treatment room with clean warm water, soap and single use towels. Yes No

A separate sink with warm water for cleaning equipment. Yes No

A sharps container is located within the premises that complies with AS4031-1992. Yes No N/A

A5. Application Checklist

- All sections are complete - applications may be returned if required information is not provided.
- Site plan and/or photos are attached.
- "Beauty and Skin Penetration Premises Registration Form" registration form.

Application for Approval of Skin Penetration Fit-out Plan

A6. Privacy and Personal Information Protection Notice

I declare that all the information in this application is true and correct.

Some information requested by Council for this form constitutes personal information under the *Privacy and Personal Information Protection Act 1998* (NSW).

Purpose of Collection: For Council to carry out certification work for the applicant.

Intended Recipients: Council staff, Government agencies.

Supply: Legally required, Council may not be able to accept your application if information is not provided

Right of Access / Correction: Contact Council (02) 6670 2400 or email tsc@tweed.nsw.gov.au

Storage details: Tweed Shire Council, 10-14 Tumbulgum Road, Murwillumbah NSW 2484

Consequence of non-provision of information: Failure to provide correct business details is a breach of the Public Health Regulation 2012.

Applicants Name

Date