

Health Protection

1200 - 601 West Broadway

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# Application Form for Personal Services at a Tradeshow

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| --- | --- | --- | --- |
| **EVENT INFORMATION:** | | | |
| Name of Event: | | Date(s) & Operating Hours: | |
| Location Address: | | Event Organizer: | |
| Phone Number: | |
| Email: | |
| **EXHIBITOR INFORMATION:** | | | |
| Contact Person: | | Business Name: | |
| Mailing Address: | | Phone Number: | |
| Email: | |
| Booth Number: | |
| Operators: | | | |
| 1. | | 2. | |
| 3. | | 4. | |
| **SERVICES OFFERED: Check (🗸) All that Apply** | | | |
| 🞎 Esthetics | 🞎 Massage | | 🞎 Piercing |
| 🞎 Hair Services | 🞎 Acrylic Nails | | 🞎 Micropigmentation |
| 🞎 Microdermal abrasion | 🞎 Electrolysis | | 🞎 Tattooing |
| 🞎 Manicure/Pedicure | 🞎 Waxing | | 🞎 Other: |
| **CLEANING & DISINFECTION or STERILIZATION:** | | | |
| **Disposable Instruments** | | | |
| 1. | 2. | | 3. |
| 4. | 5. | | 6. |
| 7. | 8. | | 9. |
| **Reusable Instruments** | **Level of Disinfection / Sterilization** | | **Disinfectant / Sterilizer Product Used** |
| 1. |  | |  |
| 2. |  | |  |
| 3. |  | |  |
| 4. |  | |  |
| 5. |  | |  |
| **Surfaces and Equipment** | **Level of Disinfection / Sterilization** | | **Disinfectant / Sterilizer Product Used** |
| 1. |  | |  |
| 2. |  | |  |
| **Hand-washing Facilities for your Booth** Describe the hand-washing facilities (e.g., hot and cold water under pressure, liquid soap and paper towel dispensers): | | | |
| **Printed Aftercare Instructions and Consent Forms** Please acknowledge that there will be printed copies of aftercare instructions and consent forms for each client before invasive services are provided: **🞎** **Yes, I will have printed copies.** | | | |
| **Disposable Sharps Storage and Disposal** Indicate how disposable sharps generated onsite will be stored and disposed of: | | | |
| **Signature:** | | | **Date:** |

* **PLEASE RETURN THIS FORM TO THE EVENT ORGANIZER AT LEAST 14 DAYS BEFORE THE EVENT.**
* **EVENT ORGANIZER: PLEASE FORWARD A COPY OF FORMS FOR ALL PARTICIPANTS TO THE HEALTH AUTHORITY 14 DAYS BEFORE THE EVENT.**

# Appendix C: Booth Layout

**Provide a drawing of the booth layout.** (A booth diagram may be required by some health authorities.)

Draw in the space below or attach a separate drawing.

Include the following information:

* Equipment
* Floor and work/contact surfaces
* Physical barriers between booths

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