

<b>Application Information</b>	Name of Vendor/Booth		
	Mailing Address		
	City/Municipality	Province	Postal Code
	Name of Booth Manager/Vendor		
	Name(s) of Artist(s)		
	Phone	Email	Fax

<b>Event</b>	Name of Temporary Personal Service Event	
	Event Address	
	Date(s) the booth will operate	Time(s) the booth will operate
	Check all personal services that will be offered <input type="checkbox"/> Tattooing / Permanent Make-up <input type="checkbox"/> Body Piercing <input type="checkbox"/> Other: _____ _____	

**Provided By:**

<b>Services</b>	<b>Solid Waste Disposal</b> <input type="checkbox"/> Garbage containers <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer
	<b>Liquid Waste Disposal</b> <input type="checkbox"/> Municipal sewer (direct connection) City/Town: _____ <input type="checkbox"/> Holding tank Disposal location: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer

# Personal Services Vendor Notification

**Provided By:**

<b>Services</b>	<b>Water Source and Equipment</b> <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
	<b>Power Supply</b> <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer

<b>Structure and Site Plan</b>	<b>Event will be held:</b> <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		

# Personal Services Vendor Notification

## 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.

Operational Commitment	<b>Instruments and Supplies</b>			
	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 jewellery 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.			
	_____			
	_____			
	_____			
<b>Surfaces</b>				
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	<b>Sinks and Supplies</b> (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 handsink 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
	<b>Worker Personal Hygiene</b>			
	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
	<b>Skin Preparation</b>			
	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
	<b>Waste Disposal</b>			
	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

# Personal Services Vendor Notification

<b>Operational Commitment</b>	<b>Record Keeping</b>			
	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
	<b>After Care</b>			
	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: \_\_\_\_\_

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

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Please forward the completed Special Event Vendor Notification to the Special Event Organizer. If you are unable to contact the Special Event Organizer, please forward to the nearest address below. A map is provided for your reference. **Central intake line 1-833-476-4743.**

**Northern Alberta**

Environmental Public Health  
[north.specialevents@ahs.ca](mailto:north.specialevents@ahs.ca)

**Edmonton Area**

Environmental Public Health  
[edm.specialevents@ahs.ca](mailto:edm.specialevents@ahs.ca)

**Central Alberta**

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[center.specialevents@ahs.ca](mailto:center.specialevents@ahs.ca)

**Calgary Area**

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