



Public Health Risk Activity Application (Person)

Public Health Act 1997

Sections 113, 105 and 110

APPLICANT DETAILS

Name of Applicant

ABN/ACN

Date of Birth

(for non-ABN/ACN holders)

Address of Applicant

Postal Address of Applicant
(if different from above)

Phone

Email

BUSINESS DETAILS

Business Trading Name
(Where the applicant will be carrying out this activity)

Business Name
(Depicted on the street frontage of the premises)

Address of Business

Postal Address

Name of Business Manager

Emergency Contact Person

Phone

ACTIVITY DETAILS

1. What Public Health Risk Activities do you propose to conduct on these premises?

2. What training have you undertaken, or experience do you have, in relation to infection control?
Please attach supporting documentation if available.

APPLICANT DECLARATION

I declare that the information provided on this form is true and correct.

SIGNATURE

Applicant Name

Signed

Date

____/____/____

PRIVACY STATEMENT

The personal information on this form is required by Clarence City Council for the Registration of a Public Health Risk Activity (Person) under *the Public Health Act 1997*. We will only use your personal information for this and related purposes. If this information is not provided, council may not be able to process this application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.ccc.tas.gov.au or at Council Chambers.

LODGE YOUR APPLICATION



EMAIL

Attach your signed, completed application with any supporting information to:
clarence@ccc.tas.gov.au



MAIL

Send your signed, completed application with any supporting information to:
Clarence City Council
PO Box 96 Rosny Park 7018.



IN PERSON

Clarence City Council Offices at 38 Bligh St, Rosny Park, between the hours of 8.45am to 5.00pm. You may also call us on 03 6217 9570.

OFFICE USE ONLY

Public Health Risk License Number

Receipt Number

Date Paid

Account Number

OFFICE USE ONLY

EHO Conducting Assessment: Date: ____/____/____

Approved / Not Approved

EHO Comments:

Questionnaire – Public Health Risk Activities

This questionnaire must be completed and submitted with the persons application.

APPLICANT DETAILS

Name of Applicant

QUESTIONS

1. Name three diseases that can be spread by infected blood or other body substances.

1.

2.

3.

2. What is 'Cross Contamination' and why it is important to avoid it?

3. Give two examples of how this can occur during tattooing/ear and body piercing procedures.

1.

2.

4. If your customer starts to bleed, what basic actions/procedures must you take and why?

5. What type of records must you keep about a client and their procedure?

6. Name a solution that can be used to disinfect the skin.

7. Pick the description that best describes the following terms. (Please circle a, b, c, d, e or f)

Sterilisation

- a) A process that should eliminate all forms of microbial life, including bacterial spores.
- b) A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent.
- c) A process of eliminating all micro-organisms except bacterial spores.
- d) A process that includes all of the above processes.

Disinfection

- a) A process that should eliminate all forms of microbial life, including bacterial spores.
- b) A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent.
- c) A process of eliminating all micro-organisms except bacterial spores.
- d) A process that includes all of the above processes.

Cleaning

- a) A process that should eliminate all forms of microbial life, including bacterial spores.
- b) A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent.
- c) A process of eliminating all micro-organisms except bacterial spores.
- d) A process that includes all of the above processes.

8. Hand washing must occur:

- a) Between customers.
- b) After using the bathroom.
- c) After cleaning.
- d) After smoking.
- e) Before putting gloves on and after taking them off.
- f) All of the above.

9. When must gloves be disposed of?

- a) After answering the telephone.
- b) After contact with blood and body fluids.
- c) After touching anything other than sterilised surfaces.
- d) Only a) and b).
- e) All of the above.

10. Surfaces and equipment can become contaminated when operators:

- a) Adjust overhead light fittings.
- b) Adjust settings on equipment or power packs.
- c) Answer the telephone.
- d) Touch curtains, drapes or bin lids.
- e) Adjust furniture and equipment.
- f) All of the above.

11. Any creams or ointments used during or after tattooing must be dispensed by: (if applicable)

- a) Placing the nozzle directly on the skin.
- b) Using a clean finger to get it out and spread it around.
- c) Using a clean, single-use applicator which is then disposed of in the infectious waste bin.
- d) All if the above.

12. How must used items, such as cotton balls and gloves, be disposed?

13. How often must the linen/covers on the treatment table/area be changed?

14. Should a client showing signs of skin sores/infections at the site to be tattooed or pierced, undergo the procedure? Why?

15. When dye-dispensing, how would you transfer dye from the stock jar/bottle to the mixing cap? (if applicable)

16. Describe how you would clean the piercing equipment or tattoo machine after each use.

17. Can you re-use dye caps? Yes or No (if applicable)

18. What must be used to remove excess fluids (eg blood) from the area being tattooed or pierced?

19. What procedure will you use to ensure 'cross contamination' does not occur if you need to put the hand piece/machine down during a tattoo?

20. Is mobile tattooing or ear and body piercing permitted in Tasmania?

OFFICE USE ONLY

EHO Conducting Assessment: Date: ____/____/____

Competent / Not Yet Competent

EHO Comments: