



HUON VALLEY COUNCIL

**40 Main Road
PO Box 210
HUONVILLE TAS 7109**

Phone: (03) 6264 0300

FOR OFFICE USE ONLY

Receipt No:.....

Date:

Licence No:.....

PLEASE USE BLOCK LETTERS - ALL SECTIONS MUST BE COMPLETED TO ENSURE PROCESSING OF APPLICATION

PUBLIC HEALTH RISK ACTIVITY APPLICATION FORM (PREMISES)	<i>Public Health Act 1997 Sections 96 & 101</i>
Application for registration of a premises where a public health risk activity may be carried out	

Business Details

Name of business			
Address of business			
Suburb		Post Code	
Postal Address			
Suburb		Post Code	
Emergency contact			
Contact telephone nos.			

Applicant Details

Name of applicant			
Postal Address			
Suburb		Post Code	
Contact telephone nos.			
Email address			

Activity Details

<p>Please list the Public Health Risk Activities proposed to be conducted on the premises:</p> <p>.....</p> <p>.....</p>
<p>Have the staff that conduct the public health risk activity been vaccinated against Hepatitis B?</p> <p>.....</p>
<p>What training or experience do you require your staff to have in relation to infection control?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>How many staff do you have that undertake this public health risk activity?</p> <p>.....</p> <p style="text-align: center;"><i>Please ensure that each staff member completes a copy of the attached application form</i></p>

Signature

<p>Signature of applicant for registration</p>	<p>.....</p> <p style="text-align: right;">Date: / /</p>
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Fees and Payment

Application fee	\$	
Payment options	<p>In person:</p> <p>Cash, cheque, credit card, EFTPOS</p> <p>Huon Valley Council Customer Service Centre 40 Main Street Huonville TAS 7109</p> <p>Monday – Friday 8.30am – 5.00pm</p>	<p>Mail:</p> <p>Cheque</p> <p>Mail to: Huon Valley Council PO Box 210 Huonville TAS 7109</p>
	<p>Telephone:</p> <p>Credit card (Visa, MasterCard)</p> <p>Call (03) 6264 0300</p> <p>Monday - Friday 8.30am – 5.00pm</p>	<p>Credit Card (Visa, MasterCard)</p> <p>Card type: Visa MasterCard</p> <p>Card Number:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Expiry Date:</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p>



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PUBLIC HEALTH RISK ACTIVITY APPLICATION FORM (PERSON)	<i>Public Health Act 1997</i> Sections 105 & 110
Application for licence to carry out a public health risk activity	

Applicant Details

Name of applicant			
Postal Address			
Suburb		Post Code	
Contact telephone nos.			
Email address			

Business Details

Name of business			
Manager of business			
Address of business			
Suburb		Post Code	
Postal Address			
Suburb		Post Code	
Emergency contact			
Contact telephone nos.			

Activity Details

Please list the Public Health Risk Activities proposed to be conducted on the premises:
.....
Have you been vaccinated against Hepatitis B?
.....
What training or experience do you require your staff to have in relation to infection control?
.....

Signature

Signature of applicant Date: / /
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Please complete the attached questionnaire and submit to Council with the "Public Health Risk Activity Application Form (Premises)".

QUESTIONNAIRE: PUBLIC HEALTH RISK ACTIVITIES
(TO BE COMPLETED BY OPERATOR / PERSON CARRYING OUT ACTIVITY)

Applicant Details

Name of applicant			
Name of business			
Address of business			
Suburb		Post Code	

1. The guidelines for skin penetration have been developed under which Act?
.....
.....

2. Name one disease that can spread by infected blood or other body substances other than HIV:
.....
.....

3. What is 'cross contamination'? Give two examples how this may occur during skin penetration procedures.
.....
.....
.....
.....
.....

4. Should bleeding occur, what actions/procedures should be undertaken and why?
.....
.....
.....

5. Describe the following infection control terms:
 - a. Sterilising
.....

 - b. Disinfection
.....

 - c. Cleaning
.....

6. When should hands be washed?

.....
.....

7. When must gloves be disposed?

.....
.....

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

.....
.....

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

.....

10. How often should linen be changed?

.....

11. Can a client showing signs of skin sores/infection, at the site to be treated, be treated and why?

.....
.....

12. What type of records do you need to keep about a client?

.....
.....

13. Describe how you would clean equipment used to perform skin penetration?

.....
.....
.....
.....

14. Describe how you would clean or dispose of used needles/trochar after each use?

.....
.....
.....

15. What procedure would be used to ensure 'cross contamination' does not occur if you need to put equipment down?
-
-
-
16. Should the equipment used for skin penetration be clean and sterile prior to use?
-
17. If the area being treated requires shaving, what sort of razor must be used?
-
18. Where in the Guidelines are the sections dealing with cleaning and sterilisation of equipment?
-
19. Are mobile ear and body piercing services permitted in Tasmania?
-

Please ensure you are familiar with the *Public Health Act 1997 (TAS)* and the associated Guidelines relevant to your industry (Guidelines for Acupuncture, Guidelines for Ear and Body Piercing and Guidelines for Tattooing). These documents can be found at: <http://www.dhhs.tas.gov.au/peh>.

Signature

Signature of applicant Date: / /
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OFFICE USE ONLY

<u>COUNCIL ASSESSMENT NOTES:</u>	
PHRA Registration & Licence OK to issue?	Y / N
APPROVED:.....	DATE: / /
ENVIRONMENTAL HEALTH OFFICER	