

**APPLICATION FOR HEALTH DEPARTMENT APPROVAL**

Complete and send this form to HC.ID@smdhu.org or drop off/mail to Simcoe Muskoka District Health Unit - 15 Sperling Drive, Barrie ON L4M 6K9 or fax to: (705) 733-7738

**Coordinator Application must be submitted to the Health Unit 30 days prior to the temporary event.**

# For Coordinators of Temporary Personal Service Events

* Individual vendor applications MUST be submitted to the Simcoe Muskoka District Health Unit at least **14 days prior** to the event. Failure to receive prior approval may result in closure of the vendor booth, or other legal action.
* Events must comply with applicable sections of the [*Personal Service Settings Regulation 136/18*](https://www.ontario.ca/laws/regulation/180136) and the current [*Guide to* *Infection Prevention and Control in Personal Services Settings, 2019*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjd46S75ML-AhUBjIkEHcQ6AGcQFnoECBMQAQ&url=https%3A%2F%2Fwww.publichealthontario.ca%2F-%2Fmedia%2Fdocuments%2FG%2F2019%2Fguide-ipac-personal-service-settings.pdf&usg=AOvVaw1uzVcVuoKm6TYJL-8jpbTg).
* Extreme body modification services (e.g., scarification, dermal implants) are not permitted at temporary events.

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| Event Information |
| **Name of Event and Location:** Click or tap here to enter text. | **Date(s) and Time(s) of Event:**Click or tap here to enter text. |
| **Number of total vendors:** Click or tap here to enter text. **Personal Service Vendors:** Click or tap here to enter text.**List types of other Vendors:** Click or tap here to enter text. |
| Event Coordinator Information |
| **Name of Sponsoring Group or Agency:** Click or tap here to enter text.**Phone Number:** Click or tap here to enter text.**Fax Number:** Click or tap here to enter text.**E-mail:** Click or tap here to enter text. | **Contact Person & Mailing Address:** Click or tap here to enter text.**Phone Number:** Click or tap here to enter text.**Fax:** Click or tap here to enter text.**E-mail:** Click or tap here to enter text. |
| Event Details |
| **WATER SUPPLY:**[ ]  **Municipal Supply** [ ]  **Commercially Bottled** [ ]  **Hauled Municipal Water** **Name & Phone # Of Water Hauler:** Click or tap here to enter text.**Well Address/Location:** Click or tap here to enter text.**Well water must have satisfactory sample results within one month prior to event and copy of results must be attached to application.** |
| **HYDRO:****Electricity available to vendor booths:** [ ]  **Yes** [ ]  **No Backup power available:** [ ]  **Yes** [ ]  **No** |
| **SEWAGE, WASTEWATER, SHARPS & GARBAGE DISPOSAL:** Click or tap here to enter text. |

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|  **Method of Sewage Disposal:** [ ]  **Municipal** [ ]  **Private/Septic** [ ]  **Portable Toilets Method of Wastewater Disposal:** [ ]  **Holding tank** [ ]  **Wastewater containers** [ ]  **Other (specify):** Click or tap here to enter text. **None available (explain):** Click or tap here to enter text. **Number of Garbage Receptacles on-site:** Click or tap here to enter text. **Number of Large Storage Units on-site:** Click or tap here to enter text. **Note: Garbage must be disposed of daily.** **Approved sharps container(s) provided:** [ ]  **Yes** [ ]  **No** **Method of Sharps Container Disposal:** [ ]  **Use of medical waste company** [ ]  **Other (specify):** Click or tap here to enter text. **Clean-up Coordinator’s Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text. |
| **PUBLIC WASHROOM FACILITIES & HAND WASH SINKS/STATIONS:****Types of Toilets & Hand Wash Sinks:** [ ]  **Permanent** [ ]  **Portable****Name of Supplier for Portable Units:** Click or tap here to enter text.**Phone:** Click or tap here to enter text. |
| **FACILITIES AVAILABLE:****Number of Toilets (specify male/female/gender-neutral):** Click or tap here to enter text.**Number of Hand Wash Basins/Stations:** Click or tap here to enter text. |
| **SITE PLAN FOR EVENT: Attach a site plan and include the location of the following on the plan:**[ ]  **Personal services vendors** [ ]  **Washroom facilities** [ ]  **Vendor hand wash stations** [ ]  **Garbage disposal** [ ]  **Electrical sources** [ ]  **Water sources** [ ]  **Wastewater disposal** [ ]  **Food service vendors** **(For cleaning, disinfecting, sterilizing)** |
| **PERSONAL SERVICES VENDOR REGISTRATION LIST:**Provide a list all personal service vendors and attach to this application. Coordinators are responsible for providing each vendor with the vendor application package. Vendor application submissions to the Health Unit will be the responsibility of the vendor and the coordinator. All vendors must be approved by the Simcoe Muskoka District Health Unit prior to the event. |
| **ATTESTATION:**I have received and read the Personal Service Settings Temporary Events information package. I understand the requirements for event coordinators at temporary events and have provided the information to all personal services vendors that will be attending the event. I agree that all the information I have provided on the 2 pages of this application form is truthful and accurate. Event Coordinator Name: Click or tap here to enter text. Event Coordinator Signature: Click or tap here to enter text. Date: Click or tap to enter a date. |
| **For Public Health Inspector to complete:**Application Approved: [ ]  YES [ ]  NOInspector Comments: Click or tap here to enter text.Inspector Signature: Click or tap here to enter text. Date: Click or tap to enter a date. |