



Kingborough

Civic Centre
 15 Channel Hwy, Kingston, Tasmania 7050
 Locked Bag 1, Kingston, Tasmania 7050
 T: (03) 6211 8200
 F: (03) 6211 8211
 AusDoc: DX 70854
 E: kc@kingborough.tas.gov.au

APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY (PREMISES)

Public Health Act 1997 – Sections 96 & 101

Applicant details:

Name of applicant:			
Postal address:			
Telephone:		Mobile:	
Fax:		Email:	

Business details:

Name of business:			
Name depicted on street frontage of business:			
Address of business:			
Emergency contact:			
Telephone:		Mobile:	
Fax:		Email:	
Public health risk activities proposed to be conducted in these premises:			

Terms and conditions:

I, _____
 (PRINT FULL NAME)

- have inserted and completed any and all information required on this application; and
- declare that all information on this application is true, accurate and complete; and
- acknowledge this application is not valid and assessment of the application will not commence until all application fees are paid in full; and
- acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the *Electronic Transactions Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.

Signature of applicant		Date	____ / ____ / ____
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Payment options:

Mail	In person	Phone
Mail payment together with application form to: The General Manager Kingborough Council Locked Bag 1, Kingston TAS 7050. Cheque or money orders should be made payable to Kingborough Council. Post dated cheques will not be accepted.	Hours of payment are from 8.45am - 4.45pm, Monday to Friday by cash, cheque, money order, credit card or EFTPOS.	Credit card payment can be made by phoning Council's cashier on 6211 8200. Please then mail your application form.

Please submit your completed application form at the time of making payment.

Privacy Statement

Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Kingborough Council in order to advance the purposes of this form and to carry out Council business. The *Personal Information Protection Act 2004* and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council by contacting Customer Services on 6211 8200. Should you not provide the information sought, Council will not be able to process this form.

OFFICE USE ONLY

Cashier		EHO assessment	
PHRA Licence Number:		EHO	
Receipt Number:		Date	
Date:			





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APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY (OPERATOR)

Public Health Act 1997 – Sections 96 & 101

Applicant details:

Name of applicant:			
Postal address:			
Telephone:		Mobile:	
Fax:		Email:	

Business details:

Name of business:			
Name depicted on street frontage of business:			
Address of business:			
Emergency contact:			
Telephone:		Mobile:	
Fax:		Email:	
Public health risk activities proposed to be conducted in these premises:			

Terms and conditions:

I, _____
(PRINT FULL NAME)

- have inserted and completed any and all information required on this application; and
- declare that all information on this application is true, accurate and complete; and
- acknowledge this application is not valid and assessment of the application will not commence until all application fees are paid in full; and
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Signature of applicant		Date	____ / ____ / ____
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PHRA Licence Number:	EHO
Receipt Number:	Date
Date:	



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QUESTIONNAIRE: PUBLIC HEALTH RISK ACTIVITIES

(TO BE COMPLETED BY OPERATOR / PERSON CARRYING OUT ACTIVITY)

Name of Applicant:

Name and Address of Business:.....

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 Ear and Body/ Piercing and Guidelines for Tattooing*). These documents can be found at: https://www.dhhs.tas.gov.au/publichealth/public_health_act2

SIGNATURE

Signature of applicant:..... Date: