

Hair, Beauty & Skin Penetration

Public Health Safety Self-Assessment Form

Business Name: _____

Business Address: _____

Name of Proprietor: _____

Preferred Business Email: _____ **Phone:** _____

Which best describes your business services:

Makeup only	Massage Only	
Hairdressing Only	Hair & Beauty Services (eg any waxing)	Beauty Services Only
Beauty & Skin Penetration Services	Skin Penetration Only	Other _____

Which best describes your business type:

Commercial (1 business entity)	Commercial (> 1business entity)	Home base	Mobile
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Are you operating between 5th June 2020 and 31st July 2020 in any capacity? Yes No

• If Yes, proceed and answer public health safety and COVID 19 compliance questions below & return form.

OR

• If No, do you plan to re-open once COVID restrictions are no longer in place? Yes No Please return form.

Public Health & COVID19 Compliance Questions

1. **Have you created a COVID Safe Plan on the www.sa.gov.au site?** Yes No

a) If no, why not

b) Do you have a density protocol signs displayed informing how many customers can be on premise at any one time? Yes No

2. **Operator Hygiene and Handwashing**

a) What would you do if one of your operators has symptoms of:

I. Vomiting, diarrhoea and or fever? _____

II. COVID-19? _____

b) Where do service providers wash their hands? Please describe type & location of facility used:

c) Does the handwash facility have warm running water from a single nozzle outlet? Yes No

d) Give two (2) examples when a service provider would wash their hands:

I. _____

II. _____

e) Is a coffee machine or water fountain (communal service area) available for use? Yes No

3. Cleaning, disinfecting and sterilisation

a) **Hairdressing** – do cleaning and disinfecting processes comply with the Health Department Guidelines for Hairdressing (p17) in Table A? Yes No Unsure

If unsure, please review document and your processes.

b) **Beauty Services & Skin Penetration Businesses** – do processes comply with section 7 – Cleaning, disinfecting and sterilisation (p 14) of the Guidelines for Skin Penetration in Table A?

Yes No Unsure

If unsure, please review document and your processes.

c) Is an autoclave used? Yes No N/A

d) How often are touch points (door handles, counter tops, Eftpos machines, fridge door handles, switches) being cleaned: _____

e) Are all chemical bottles correctly labelled with contents of container? Yes No

f) If you use chemicals that require operator to have safety data sheets, are the the safety data sheets available onsite? Yes No Don't know if we have to have the safety data sheets

g) Does the business have a written blood / body fluid injury management procedure available on premise? Yes No

h) When washing linen, capes or other items that have direct client contact are they washed in:

Cold Water Warm Water Hot water (> 70°C) N/A

4. Other

a) Are sharps containers used? Yes No N/A

b) Did you receive the Autumn industry newsletter from Council (via email)? Yes No

c) Do you find the newsletter helpful? Yes No

d) Is there a topic you would like covered in the Winter edition? Please describe:

By signing this form you agree it has been completed honestly to the best of your knowledge at this time. Note the audit form is not considered complete unless signed. The person completing this form is:

Name : _____ Signature: _____

Date of completion: / /2020

Please return completed form to Council within 10 working days in person at 10 Watson Terrace, Mount Gambier or via:

Email: city@mountgambier.sa.gov.au or Post: City of Mount Gambier
PO Box 56
Email Subject: HBS Audit Form – Business Name MOUNT GAMBIER SA 5290

