Public Health Advisory Inspection Application Request & Checklist 22/23



If you need help lodging your form, contact us											
Email	council@northernbeaches.nsw.gov.au										
Phone	1300 434 434	1300 434 434									
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095 Mona Vale 1 Park Street Mona Vale NSW 2103	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107									

Office use only							
Form ID	4117						
TRIM Ref	2019/069231						
Last Updated	June 2022						
Business Unit	Environmental Compliance						
Application No.							
Receipt No.							

Privacy Protection Notice						
Purpose of collection	For Council to provide services to the community					
Intended recipients	Northern Beaches Council staff					
Supply	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek					
Access/Correction	Please contact Customer Service on 1300 434 434 to access or correct your personal information					

About this Form

A Public Health Advisory Inspection can be requested by completing the relevant sections of this form and paying the Public Health Advisory Inspection fee.

This form can be completed to request an inspection, prior to sale or purchase of a business, prior to occupation or for the purpose of a fit-out consultation.

Please note, where this inspection is requested as part of a development consent prior to the issue of an Occupation Certificate, you are required to ensure the fit out of the premises is complete. Failure to ensure construction and installations are finished may result in an incomplete inspection.

How to complete this form

- 1. Complete Part 1 and Part 8 only
- 2. Both parts must be completed prior to submitting the form to Council
- 3. This form must be submitted along with the associated fee
- 4. Please submit the completed form to Council by fax, mail or in person. Please refer to the lodgement details section for further information

Part 1: Applicant Details

Prior to sale/purchase inspec	tion Prior to Occupation	Fit out Consultation	
Other:			
DA Number (if applicable)		Skin Penetration Trading Name	
Property Address		Street Name	
Suburb		Postcode	

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Part 2: Premise (Council only)

Does the food premises design co	Yes	No	N/A				
Comments							

Part 2b: Fee

Application fee	\$295
Select only if applicable	
Urgency fee 2 working days	\$265
U rgency fee 3 - 10 working days	\$121

Part 3: Facilities

Premise is provide	Premise is provided with drainage facilities adequate for the carrying out of beauty treatment/hairdressing					
Premise is provided with ventilation facilities adequate for the carrying out of beauty treatment/hairdressing						
Premise is provided with lighting facilities adequate for the carrying out of beauty treatment/hairdressing						
Adequate facilities	Adequate facilities provided to store appliances and utensils in a hygienic manner					
Premise is good re	Premise is good repair					
Comments						

Part 4: Washing Facilities

Wash basins fitted with common spouts for the supply of hot and cold running water					
Premise is provided with washing facilities adequate for the carrying out of beauty treatment/hairdressing					
A hand wash basin is supplied with clean, warm, potable water					
A separate sink with clean, warm water used for cleaning equipment					
Hand wash basin supplied with liquid soap or an alcohol-based hand cleaner and single use towels or an automatic hand dryer					
Comments					

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Part 5: Premise construction

Shelving, fittings and furniture are constructed of, or covered with, material that is durable, smooth, impervious to moisture and easily cleanable									
Shelving, fittings and furniture are suitable for the provision of beauty treatment/hairdressing									
Floor covering is suitable for the provisions of beauty treatment/hairdressing									
	or to a height of 450mm above top of wash basin and a 150mm in width firial that is durable, smooth, impervious to moisture and easily cleanable	rom each side of the v	vash basin is constructed of, or						
Comments									
	zing Facilities								
	r available for sterilisation of reusable article								
	s container provided (AS4031:1992)								
Clean linen, dispos	able gloves and disposable gowns available								
Comments	mments								
Part 7: Colon	ic Lavage								
For a closed syster	m, a toilet is located in close proximity to the treatment room								
For an open syster	n, a toilet is located in the immediate vicinity of the treatment room								
Single use imperm	eable gowns available								
Comments									
Part 8: Applic	cation Declaration								
Applicant Name		T							
Signature		Date							

ALL HARD COPIES TO BE DESTROYED ACCORDING TO PROCEDURES

Credit Card Details															
Please charge my	Mastercard					Visa					American Express				
Amount	\$					'									
Name as appears on card															
Card Number															
Expiry Date															
Signature															
Daytime Phone Number															
Date															
Please note: All credit card payments	s are su	ıbject to	a 0.5%	6 servic	e fee										
Office Use Only															
Application No.															

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