

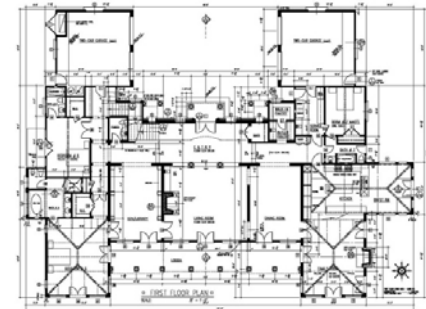
A personal service premises includes facilities such as hair and barber salons, tattoo and piercing studios, esthetic salons and laser clinics. Some services are of greater risk to the public than others. A public health inspector will assess the risk of the proposed premises based on the information provided on the registration form and consultation with the applicant and determine if a health permit will be required. To ensure that all facilities are appropriately assessed all Personal Service Premises (PSPs) are required to register with the Health Protection Unit.

### ***Submit Your Plans***

Before you begin construction of your new premises or conversion of an existing premises, plans drawn to scale for review by a public health inspector are to be submitted. This will prevent any costly structural changes later on in the process or upon operating. The building must be of sound construction and of an adequate size to accommodate the equipment and services involved in the personal service premises. If the premises is below grade occupancy there may be additional requirements by the public health inspector.

The plans should include in detail:

- location of client services
- location of storage facilities, washrooms
- location of reprocessing area (cleaning and sterilizing area)
- listing of all and related equipment, including treatment beds/chairs
- listing of all material finishes including walls, ceilings, counter tops, cupboards and floors surfaces
- identify location of lighting units and the amount of light illumination that will be provided
- identify location of ventilation units
- indicate the source of the potable water supply and the designated disposal routes for both sewage and waste from client services



A completed registration form is required with your plan submission. Refer to Appendix 1 for a copy of the registration form. The form must include anticipated construction/renovation start and completion dates as well as the expected opening date. The plans will be reviewed by the public health inspector to ensure that regulatory requirements can be met. The public health inspector will notify the owner/operator of any non-compliance issues or concerns with the plan proposal. It is the applicant's responsibility to notify and comply with any other regulatory agencies.

NOTE: If there is to be a change in the construction plans from what was originally submitted, before or during construction or renovation, it is the owner/operators' responsibility to contact the public health inspector prior to making the changes and provide a new plan for review outlining the proposed changes.

The operator must contact the public health inspector 14 days prior to opening to arrange an inspection. Authorization and a permit to operate (if applicable) will only be issued after an inspection has been carried out and all construction is complete and regulatory requirements are met.

## ***Design of the Premises***

### **Building**

- The building must be of sound construction and of an adequate size to accommodate the equipment and services involved in the personal service premises.
- If the premises is below grade occupancy, there may be additional requirements by the public health inspector.
- All exterior doors (preferably self-closing) and windows must be tight fitting and capable of restricting the entrance of insects and rodents.
- The space planning should include design from clean to less clean operations.



### **Floors**

- Floor and floor covering shall be constructed of durable, non-absorbent to water or chemicals, smooth seamless and easily cleanable materials.
- Flooring in reception areas can be carpeted.

### **Walls, Partitions and Ceilings**

- All walls and ceilings shall be constructed of durable, non-absorbent, not porous, smooth and easily cleanable materials.
- A light color on the walls allows for cleaning and continual maintenance.
- Where separation is required a partition wall of substantial construction is required.

### **Washrooms**

- Washroom facilities must be provided for the clients and the staff as per the Manitoba Building Code.
- Provide dispensable liquid hand soap and disposable paper towels in dispenser.



### Storage Space

- There must be adequate storage space within the premises for equipment, and ready to use instruments.
- There is a separate storage space for used/soiled items/supplies.
- There is a separate storage area or closet for storage of clean and sterile instruments and supplies.
- There is a separate space or lockers for staff to store personal items and keep personal items away from areas where clients are served or where a procedure is conducted.
- There is a separate storage space for chemicals and cleaning equipment.
- Cabinets and drawers that are easily cleanable are required in work areas where procedures are conducted to ensure equipment are protected from contamination.



### Waste

- Sharps must not be disposed of in regular waste.
- Sharps must be disposed of in designated puncture-proof containers with appropriate biohazard identification symbol.
- All local municipal regulations regarding sharps disposal must be adhered to.
- Ensure that there is garbage disposal on site in a secure location at the exterior of the premises. Ensure all garbage disposal bins are durable, easily cleanable and pest proof.

### Potable Water Source

- Hot and cold potable water running under pressure is required.
- Ensure plumbing fixtures locations are noted on the plans.
- Ensure all plumbing fixtures meet Manitoba plumbing standards.

### Sewage Disposal

- The premises must be hooked up to a municipal sewer system or an approved onsite wastewater treatment system.

### Lighting and Ventilation

- Lighting for general areas where services are not provided must be a minimum of 50 Lux illumination.

- In areas where services are provided 100 Lux illumination or greater is required to ensure that there is appropriate lighting to perform the service, spot any hair or skin conditions of clients, and allow for proper cleaning.
- In areas where cleaning and sanitizing of instruments is conducted provide a minimum of 540 Lux illumination
- Ensure all lighting is appropriately shielded.
- Ventilation must be adequate to remove excessive heat, steam, condensation, vapours, obnoxious odours, and fumes.

#### Sink Requirements

- The number of sinks required depends on the service provided.
- Every personal service premises must have a hand sink in the public washroom(s) that is readily accessible and equipped with hot and cold running water under pressure, dispensable liquid hand soap and single- use towels or an air dryer.
- If the personal service is offering services considered high risk (i.e. tattooing, piercing), a hand sink separate from the one in the washroom, must be accessible for each work station. This sink must be equipped with hot and cold running water under pressure, dispensable liquid hand soap and single service towels in a dispenser.
- The sinks should all be constructed of a durable material that can be easily cleaned and sanitized between uses.
- A designated hand sink for hand washing in addition to the reprocessing sink must be provided in the cleaning and sterilization room.
- There must be a separate sink for cleaning of equipment.
- Separate janitorial sink is also recommended for cleaning purposes.



#### Cleaning and Sterilizing Room

- Premises that re-use instruments or equipment must have a cleaning and sterilizing room that is separate from the work area(s).
- Re-useable or non-sterilized equipment and instruments may include but are not limited to cuticle cutters, cuticle pushers, needles, clamps and jewelry.
- A hand sink separate from the reprocessing sink is required and must be equipped with dispensable hand soap, hot and cold potable water under pressure and single service towels in a dispenser.
- One large deep sink or two sinks used for washing and rinsing of instruments is required. This sink must be equipped with hot and cold potable water under pressure, and can only be used to wash and rinse utensils.



- This room must be organized in a manner that prevents contamination of clean, sterilized items. Items that are sterilized must be stored separately from contaminated items or contaminated areas.
- Clean and sterilized items should never be re-contaminated. Items that have been cleaned and disinfected or sterilized shall never pass through an area that contains dirty or non-disinfected items. Ensure that items flow in one direction in the cleaning and sterilizing room.
- Sufficient counter space is required to process and store clean items. Separate storage area is required for storage of sterilized or disinfected items.
- Depending on the equipment, sterilizing may involve autoclaves. Refer to the standard that applies to the specific service to determine the level of disinfectant and sterilization required for your specific service.



## Laundry

- It is recommended that laundry services be provided on site to manage the laundry needs of the personal service.
- Provide sufficient space in laundry area to ensure that all soiled laundry is kept separate from clean laundry at all times.

PLEASE CHECK ONE OF THE FOLLOWING:

- BASIC REGISTRATION       NEW OWNER       NEW CONSTRUCTION       EXTENSIVE REMODELLING

(If new operation, please specify opening date) \_\_\_\_\_

**OPERATING NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MAILING ADDRESS FOR BUSINESS:**

SAME AS ABOVE     ALTERNATE MAILING ADDRESS (i.e. P.O. Box): \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**LEGAL OWNER OF BUSINESS:** (Owner or Company Applying for Permit)

- Company Name \_\_\_\_\_
- Partnership \_\_\_\_\_
- Sole Proprietorship \_\_\_\_\_

**Company Contact Person:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **CELL:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ON SITE CONTACT PERSON:** \_\_\_\_\_

**BODY MODIFICATION CERTIFICATE:**     YES     NO    Required by City of Winnipeg By-law No.40/2005 for each body modification technician practicing body modification in the City of Winnipeg.

**PLAN SUBMITTED:** (Required for new construction or extensive remodelling).     YES     NO  
A detailed drawing showing workstations, cleaning & sterilizing room, storage, service areas, washrooms, staff rooms, equipment layout, and a listing of equipment and construction materials in workstations and cleaning & sterilization room to be provided.

**STERILIZATION METHOD:**

Autoclave     Single use only     Chemical (indicate type) \_\_\_\_\_

DATE

SIGNATURE OF OWNER/REPRESENTATIVE

For Office Use Only: (CHECK APPROPRIATE BOX)

Body Modification:(permit required-Winnipeg only)

<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing	<input type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Dermal Anchors
---------------------------------	-----------------------------------	---	---

Esthetics:

<input type="checkbox"/> Nails	<input type="checkbox"/> Skin Care	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------	------------------------------------	--------------------------	--------------------------

Hair Removal:

<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Laser	<input type="checkbox"/> Sugar/Waxing	<input type="checkbox"/> Threading
---------------------------------------	--------------------------------	---------------------------------------	------------------------------------

Other:

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Colonic Irrigation	<input type="checkbox"/> Floatation Tank	<input type="checkbox"/> Flesh Hook Suspension	<input type="checkbox"/> Hair Styling	<input type="checkbox"/> Massage/Therapeutic Touch
<input type="checkbox"/> Mud Bath	<input type="checkbox"/> Spas(health/fitness clubs)	<input type="checkbox"/> Steam Bath	<input type="checkbox"/> Tanning	<input type="checkbox"/> Barbering	<input type="checkbox"/> Other: _____