

PERSONAL SERVICE SETTING NOTIFICATION FORM

O. Reg. 136/18: PERSONAL SERVICE SETTINGS under Health Protection and Promotion Act, R.S.O. 1990, c. H.73. (1) Every person who intends to operate a personal service setting shall provide notice, in writing, of the intention to the medical officer of health of the health unit in which the personal service setting will be located at least 14 days before commencing the operation.

THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:
<input type="checkbox"/> New Premise <input type="checkbox"/> Change/Addition to Services <input type="checkbox"/> Change in Location <input type="checkbox"/> Renovation
<input type="checkbox"/> Other:
Operation Start/ Estimated Renovation Completion Date:

PREMISE INFORMATION		
Site Name		
Legal Name		
Business License No.		
Site Address		
<small>Full address, including street number and name, town/city and postal code.</small>		
Mailing Address <input type="checkbox"/>		
<small>Check box if same as site address</small>		
Phone Number		Fax Number:
Email:		Website:
Sewage:	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal
Water supply	<input type="checkbox"/> Private well— <input type="checkbox"/> Treated <input type="checkbox"/> Untreated	<input type="checkbox"/> Municipal
Facility Layout	<input type="checkbox"/> Attached	<input type="checkbox"/> Not attached

OWNER INFORMATION			
Name			
Home/Business Address			
Phone Number		Email	
Do you belong to a Regulatory College? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regulator College Name as listed in Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca) : _____	

OPERATOR INFORMATION <input type="checkbox"/> Check if same as Owner Information			
Name			
Home/Business Address			
Phone Number		Email	
Do you belong to a Regulatory College? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regulator College Name as listed in Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca) : _____	

OPERATION INFORMATION							
<input type="checkbox"/> Open Year Round				<input type="checkbox"/> Open Seasonally—List months: _____			
Select all days of the week the premises is open and list hours of operation:							
Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Open Hours							
Mobile services provided: <input type="checkbox"/> YES <input type="checkbox"/> NO							
<input type="checkbox"/> Appointment Only <input type="checkbox"/> Walk-ins Available							

SERVICES: (check all that apply)
Aesthetics: <input type="checkbox"/> Hair <input type="checkbox"/> Barbering <input type="checkbox"/> Manicures/Pedicures <input type="checkbox"/> Facials <input type="checkbox"/> Waxing <input type="checkbox"/> Body Scrubs/Wraps <input type="checkbox"/> Teeth Whitening <input type="checkbox"/> Lash Extensions/Tint <input type="checkbox"/> Eyebrow Tint
Medical Aesthetics: <input type="checkbox"/> Injectables/Fillers <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Laser <input type="checkbox"/> Medical Facials
Body Modification: <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Microblading/Microneedling <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Dermal Implants <input type="checkbox"/> Extreme Body Mod
Other : <input type="checkbox"/> Floatation Tank <input type="checkbox"/> Tanning Beds <input type="checkbox"/> Spray Tanning Please specify: _____

Please contact a Public Health Inspector to discuss the legal requirements, review plans and/or conduct a pre-operational assessment, prior to opening and formal inspections being performed.

Legislation that may apply to your premise may include:

- [Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](#)
- [O. Reg. 136/18: PERSONAL SERVICE SETTINGS \(ontario.ca\)](#)
- [Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3](#)
- [O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS \(ontario.ca\)](#)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

Useful Resources:

- [Guide to Infection Prevention and Control in Personal Service Settings, 3rd edition \(publichealthontario.ca\)](#)
- [Personal Service Settings Guideline, 2019 \(gov.on.ca\)](#)

Date of Notification

**Signature of Owner/
Operator:**

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.