

APPLICATION FORM FOR PERSONAL SERVICES AT A TRADESHOW

EVENT INFORMATION:					
Name of Event:		Date(s):		Location:	
EXHIBITOR INFORMATION: Booth # _____					
Business Name (or Legally Responsible):			Main Contact:		
Mailing Address:			Phone Number:		
			Email:		
Name of Artists providing services in booth during event:					
1.		2.			
3.		4.			
SERVICES OFFERED: Check (✓) All that Apply					
<input type="checkbox"/> Tattooing with a Machine		<input type="checkbox"/> Other Type of Tattooing. Describe and attach picture of equipment: _____			<input type="checkbox"/> Piercing
<input type="checkbox"/> Micropigmentation		<input type="checkbox"/> Other Personal Service. Describe: _____			
INFECTION CONTROL:					
VCH Inspection Checklist has been reviewed by artists providing services at booth and expectations are understood <input type="checkbox"/>					
Disposable/Single Use Items – Check those that apply (provide separate applications if individual artists differ)					
<input type="checkbox"/> Machine Bag <input type="checkbox"/> Wash Bottle Bag <input type="checkbox"/> Clip Cord Sleeve Barrier Film for: <input type="checkbox"/> Foot Pedal <input type="checkbox"/> Power Supply <input type="checkbox"/> Armrest			<input type="checkbox"/> Tube Tip and Grip	<input type="checkbox"/> Needles: Disposed of in sharps container	
<input type="checkbox"/> Razors	<input type="checkbox"/> Gloves	<input type="checkbox"/> Ink Caps: If not pre-wrapped, disinfected with _____ prior to use		<input type="checkbox"/> Portioned Ink	<input type="checkbox"/> Wound Dressing: Describe dressing used: _____
<input type="checkbox"/> Rinse Cup	<input type="checkbox"/> Tongue Depressor	<input type="checkbox"/> Vaseline	<input type="checkbox"/> Dental Bibs	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Reusable items and infection control measures:					
Tattoo Machine: <input type="checkbox"/> Bagged <input type="checkbox"/> Disinfected with _____ <input type="checkbox"/> Other _____					
Armrests and Tables: <input type="checkbox"/> Covered with single use drapes <input type="checkbox"/> Disinfected with _____ <input type="checkbox"/> Other _____					
Clip Cord, Foot Pedal, Power Supply: <input type="checkbox"/> Bagged/Covered with barrier <input type="checkbox"/> Disinfected with _____					
Tubes, Grips: <input type="checkbox"/> Autoclaved in shop, sufficient supplies provided <input type="checkbox"/> Recent autoclave records provided					
Tray/Work Surface: <input type="checkbox"/> Covered with single use medical grade material <input type="checkbox"/> Disinfected with _____					
Signature of Main Contact or Legally Responsible Person: _____					Date:

PLEASE RETURN THIS FORM – Email to TemporaryEvents@vch.ca as soon as you have secured a location at the event and at least 14 days before the event to allow time for review by Vancouver Coastal Health.