

Please print clearly with a black pen.  
 Ensure all fields have been filled out correctly.  
 Please tick  the appropriate boxes.

## 1 General information

Premises / business name Optional

Person interviewed  Manager      Experience  /  Average number of clients personally served per week

Employee      (years/months)

Highest personal level of accreditation / certification / qualification

## 2 Procedures conducted

Please tick  each box that relates to any business conducted at the above premises

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Acupuncture          | <input type="checkbox"/> Ear piercing          | <input type="checkbox"/> Tattoos |
| <input type="checkbox"/> Beauty therapy       | <input type="checkbox"/> Electrolysis          | <input type="checkbox"/> Waxing  |
| <input type="checkbox"/> Body piercing        | <input type="checkbox"/> Hairdressing          | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Cosmetic enhancement | <input type="checkbox"/> Semi permanent makeup |                                  |

If you ticked Other, please provide details

## 3 Questionnaire

- Are all staff in the business required to have minimum accreditation / certification / qualification levels?  Yes  Not sure  No
- Are there any work practices that you undertake which you believe may be a public health risk?  Yes  Not sure  No

If you ticked yes, what are the risks?

If you ticked no, why do you think you are risk free?

- Have you ever been in contact with blood when undertaking any procedures?  Yes  No

If you ticked yes, what were you doing at the time?

Please give an example of how you would **avoid** exposure to blood or other body substance

- Do you have, and follow, written procedures to minimise risk of infection to yourself, staff and your customers?  Yes  No

If you ticked no, why not?

Please give an example of how you would deal with **exposure** to blood or other body substance

- Do you believe you have sufficient knowledge and skills to understand and follow the requirements of the Skin Penetration Regulations?  Yes  No

If you ticked yes, why do you believe you have sufficient knowledge and skills?

## Questionnaire continued

- Are you aware of the NSW Guidelines on skin penetration?  Yes  No

- Are you aware of the NSW Skin Penetration Code of Best Practice?  Yes  No

If you are aware of the Skin Penetration Guidelines and/or Code of Practice, do you follow them?  Yes  No

If you do follow the Guidelines and/or Code of practice, can you please tell me something you know from them?

If you do not follow the Guidelines or Code of practice, why not?

- Can you easily obtain information on skin penetration procedures, guidelines and/or regulations?  Yes  No

If not, what would be the best way(s) for you to do so?

- On site training
- Website information
- Other

- Written information provided by Dept of Health
- Written information provided by BVSC
- Attending short local seminar/workshop

If you ticked Other, please tell me your suggestion

## 4 Your comments

Do you have any comments, suggestions or questions about skin penetration procedures and requirements? If so, please write them here or email me at [godonnell@begavalley.nsw.gov.au](mailto:godonnell@begavalley.nsw.gov.au)