The WHS act 2011 specifies responsibilities of a person conducting a business or undertaking. The activity noted in this permit form has been identified by BCEC as high risk, and as such we require additional information prior to the activity being approved.

We require that you as the event organiser, contractor or exhibitor complete the sections of this permit form applicable to you and submit it to BCEC at **least 14 days prior** to the commencement of the event.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purpose** | | | | | |
| Identify where there may be potential risks inherent with the nature of the activity/s being performed and ensure legislative requirements are followed.  Maintain health and wellbeing of all guests and staff members. Examples include:   * Tattooing/piercing * Surgical procedures * Testing on animal products * Radiation * Ultra-sound * Vaccinations | | | | | |
| **Contact Details** | | | | | |
| Applicant Name: |  | Company: |  | | |
| Phone: |  | Email: |  | | |
| **Event Details** | | | | | |
| Event Name: |  | Event Dates: |  | | |
| Location of Event: |  | Stand Name: |  | Stand No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Information** | | | |
| Contact details of company or person completing the medical activity.  *(Name, company, contact number)* | |  | |
| What is the medical activity and what items will be brought onsite? | |  | |
| When are these items to be used?  *(Include dates and times)* | |  | |
| How will the items be stored onsite | |  | |
| Will there be any potential danger or health issues as a result of the activity. | |  | |
| **Mandatory Requirements - Please confirm you will/have:** | | | |
| **Please tick the box to indicate you have read and understood.** | | | |
|  | Obtain permission given from Event organiser to undertake the activity |  | Hold a current certificate of public liability not less than $20million |
|  | Ensure appropriate storage, handling and disposal of all medical waste is arranged |  | Remove all materials from the venue *(including medical waste, sharps, human or animal tissue etc.)* |
|  | Ensure that adequate hygiene practices are implemented and followed |  | Copies of any local and national government permits for the activity to take place onsite |
|  | Risk assessed the activity and implemented the appropriate control measures to mitigate any identified risks. |  | Provide copies of medical licenses and certification of all persons performing the activity |
| NOTE: Body piercing and tattooing are high risk personal appearance services. The Public Health (Infection Control for Personal Appearance Services) Act 2003 & the Tattoo Industry Regulation 2013 covers these procedures, all requirements must be met. | | | |

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| **Permit Agreement (to be completed by person responsible for the work to be performed)** | | | |
| This activity has not been authorised to occur at BCEC until written confirmation of its approval is provided by BCEC, and in such circumstance, BCEC makes no representation, warranty or guarantee about the safety or legality of the activity or the completeness or accuracy of the information provided within this form, which is at all times the sole responsibility of the person listed in the Contact Details.  BCEC undertakes regular compliance checks, and you may be required to provide additional evidence in relation to those requirements. If at any time, an activity or operation is considered by BCEC to be non-compliant with any legal or regulatory obligation, inconsistent with the information provided on this form, unsafe or placing persons, the venue or the environment at risk, BCEC representatives reserve the right to postpone or cancel the activity in its sole discretion until it is completely satisfied that its concerns are addressed, and any issues are rectified.  Any approval by BCEC for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity.  For any additional information regarding the event safety requirement at BCEC please refer to the[**BCEC Event Safety and Design guidelines**](https://bcec.com.au/wp-content/uploads/BCEC-Event-Safety-Design-Guidelines.pdf) | | | |
| Signed: | | | Date: |
| **BCEC OFFICE USE ONLY** | | | |
| Permit issued by: |  | *Approved / Declined* |  |
| Date: |  | Additional information: |  |

**This activity is not approved until confirmed by the Risk Department.**

Managed by ASM Global (Convex) Pty Ltd. ABN 058 298 374