

Client Record

Business Name: _____

Business Address: _____

| Date of service (dd/mm/yyyy) | Client Name: (First/Last) | Client contact information: Email, phone # or address | Details of the procedure: Type of service and area of the body | Did service provider explain the service and any risk? | Prepackaged sterile equipment used | Service provider name (employee) |
|---------------------------------|------------------------------|--|---|---|-------------------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot#: _____ Expiry: (dd/mm/yyyy) | |

Records must be:

- Available to Public Health upon request
- Maintained on site in a secure location even during a temporary event
- Kept for three years in a secure location even after a temporary event

For any questions, please contact Region of Peel Public Health at [905-799-7700](tel:905-799-7700) or by email peelhealth@peelregion.ca