

# Accrditation of Food Safety Program Application

## Food Act 2006



Address all communications to  
The Chief Executive Officer

PO Box 974, Ayr Qld 4807  
T (07) 4783 9800 | F (07) 4783 9999  
enquiries@burdekin.qld.gov.au

Food Licence Number: FOOD \_\_\_\_/\_\_\_\_

### Section 1: Applicant Details (Please print)

Full Name			
Company Name			
Contact Person (for company)		Position	
ACN			
Postal Address			
Telephone		Mobile	
Email			

### Section 2: Business Details

Trading Name of Business			
Business Address			
Telephone		Mobile	
Business Email			
Postal Address			
ABN/ARBN:			
Real Property Description			
Vehicle Details (if Applicable)	Registration Number		Colour
	Vehicle make		Model

### Section 3: Type of business requiring Food Safety Program

Please indicate the activities undertaken that require an accredited food safety program:

<input type="checkbox"/>	Off-site catering
<input type="checkbox"/>	On-site catering (where primary activity of business)
<input type="checkbox"/>	On-site catering (where primary activity of <u>part</u> of the business and serving 200 people or more at least 12 times a year)
<input type="checkbox"/>	Business is part of the operations of a private hospital under the <i>Private Health Facilities Act 1999</i>
<input type="checkbox"/>	Other(Please describe nature of business):

#### Section 4: Checklist for Food Safety Program

A food safety program must contain each of the following. Please tick off each box once you have checked and confirmed that the information is in the attached documentation.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | a) The food safety hazards that are reasonably likely to occur in food handling operations of the food business have been systematically identified                                    |
| <input type="checkbox"/> | b) Identified where, in a food handling operation of the food business, each hazard identified in a) above can be controlled and the means of control                                  |
| <input type="checkbox"/> | c) Provided for the systematic monitoring of the means of control  |
| <input type="checkbox"/> | d) Provided details on appropriate corrective actions that are to be taken when a hazard identified in a) above is not under control   |
| <input type="checkbox"/> | e) Provide for the regular review of the program to ensure it is appropriate for the food business   |
| <input type="checkbox"/> | f) Provide for the keeping of appropriate records for the food business, including records about action taken to ensure the business is carried on in compliance with the program; and |
| <input type="checkbox"/> | g) Other information prescribed under a Regulation (N/A as at 03/07/2017)  |

**Please ensure that all requested information above has been provided with this application to ensure that Council can adequately and promptly assess your application.**

#### Section 5: Auditors Advice on Food Safety Program

Have you attached the written advice of an auditor as to the compliance of the program with the criteria in section 104 of the <i>Food Act 2006</i> ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If No, you will need to organise a food auditor to approve this program.

No further action can be taken by Council until the written advice is received.

#### Section 6: Declaration and Lodgement

**Declaration:** I hereby apply for permission to operate a food business as described above. I understand that should approval be granted that the approved kitchen will not be changed unless prior approval in writing is obtained from Council's Environmental Health Officers. I, the above named applicant, do sincerely declare that the information shown above is true and correct.

I also enclose the non-refundable application fee. I understand that this fee does not guarantee approval.

Signature of Applicant		Date	
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<b>OFFICE USE ONLY: EHO's Assessment</b> (must be completed within 30 days of receiving application):							
Does the food safety program cover all aspects of the Checklist?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is the Auditor's report attached?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is further information required? (If yes, letter to be sent giving min 30 days to respond)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Has further information been supplied by due date		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
If no, write to applicant advising application is considered to have been withdrawn.							
If yes, continue to assess the application.							
Has the required further information been provided?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
This application has been		<input type="checkbox"/>	Approved		<input type="checkbox"/>	Refused	
EHO Name			EHO Signature				
Date Approved/Refused							
<i>If approved: EHO to stamp the FSP as accredited, photocopy the accredited FSP and return stamped copy to applicant.</i>  <i>If refused: EHO to issue Information Notice to applicant.</i>							

**Information Privacy Act 2009.** Burdekin Shire Council is collecting the personal information you provide on this form in accordance with the Food Act 2006 for the purpose of assessing your application. This information may be given to Queensland Health. Your information will not be disclosed to any other third party without your consent unless required or authorised by law

**Office Use Only**

Fee Paid	\$	CSO Initials		Applic. No		Prop ID No	
Receipt No				Noted		Land ID No	
Date Paid	/ /			Action		Function ID No	<b>653</b>