



Townsville City Council
Environmental Health Services

FOOD ACT 2006 >>

APPLICATION FOR A FOOD SAFETY PROGRAM ACCREDITATION

>>Please ensure you submit this application at least 30 days before commencement of trade to allow us to process your application in time.

>> Please call Environmental Health Services on 1300 878 001 for further information

PRIVACY COLLECTION NOTICE:

You are providing information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.



Application – Food Safety Program Accreditation

This application **ONLY** applies to those businesses which require a food safety program under the *Food Act 2006* or wish to voluntarily submit a program.

This application **MUST** be submitted with written advice from a Queensland Health approved Food Safety Auditor – if you have any concerns please check with Environmental Health Services on 1300 878 001 prior to completing this form.

1. What do you need this Food safety Program for?

- Child Care Centre with food
- Preparation Off-site catering
- On-site catering
- Aged care facility
- Re-accreditation (skip section 5)
- Other (please give details below)

Child Care Centre's are required to have a food safety program when they prepare potentially hazardous food at the facility for children to consume. Serving of meals which has been provided by parents does not require a food safety program.

Off-site Catering means serving potentially hazardous food at a place other than the principal place of business. It does not include merely delivering food (i.e. pizzas, platter of sandwiches).

On-site Catering means preparing and serving potentially hazardous food, to all consumers of the food at the premises from which the business is carried on, under an agreement of which the food is of a predetermined type, persons, time and cost. Examples include dedicated wedding reception venues, function halls or large hotels whose primary food business is on-site catering.

2. Applicant/Licensee Details (please tick one - either an individual or a company)

Please Note:

It is the responsibility of the applicant/licensee to ensure all contact details and postal addresses are up-to-date and current. All official correspondence will be sent to the last known postal address.

Individual

<p>INDIVIDUAL 1:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>First / Given Name (s):</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Postal Address:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: right;">Postcode</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Phone: Mobile:</p> <p>() 04</p>	<p>INDIVIDUAL 2:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>First / Given Name (s):</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Postal Address:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: right;">Postcode</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Phone: Mobile:</p> <p>() 04</p>
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Corporation / Incorporated Association

<input type="text"/>	Postal Address: _____ _____ _____ Postcode _____			
<input type="text"/>	Phone: _____ Mobile: _____			
<table border="1"><tr><td>: :</td><td>: :</td><td>: :</td></tr></table> Australian Company Number (mandatory)	: :	: :	: :	() _____ 04 _____
: :	: :	: :		

3. Business details

Trading Name:.....
.....

What is the business address where the activity will be carried out? (This address cannot be a post office box)
.....
.....

>> Current Food Licence number >> Email address

>> Business Phone ()

4. Copy of Food Safety Program attached? (Mandatory)

- Yes - Section 98 of the Food Act 2006 states that a food safety program must:
- a. systematically identify food safety hazards that are reasonably likely to occur in food handling operations of the food business; and
 - b. identify where in a food handling operation of the food business, each hazard identified in paragraph (a) can be controlled and the means of control; and
 - c. provide for the systematic monitoring of the means of control; and
 - d. provide for appropriate corrective action to be taken when a hazard identified under paragraph (a) is not under control; and
 - e. provide for regular review of the program to ensure its appropriate for the food business; and
 - 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.



5. Written Advice From A Food Safety Auditor Attached? (Mandatory)

- Yes - Townsville City Council requires the applicant to obtain written advice from an approved auditor as to whether this food safety program meets the criteria for food safety programs set out in section 104 of the *Food Act 2006*.

Council will not proceed with assessing this application if written advice is not attached. To find an approved food safety auditor visit Queensland Health's website: <http://www.health.qld.gov.au/ph/ehu/auditors.asp>

6. Applicant Declaration And Signature

I understand that the information provided in and accordance with this application may be disclosed publicly under the *Freedom of Information Act 1992* and the *Evidence Act 1977*.

I am aware that it is an offence to knowingly provide false or misleading information

Applicant 1: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Last / Family Name:	
<input type="text"/>	
First / Given Name (s):	
<input type="text"/>	
Position:	
<input type="text"/>	
Signature:	Date:
<input type="text"/>	<input type="text"/>

Applicant 2: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Last / Family Name:	
<input type="text"/>	
First / Given Name (s):	
<input type="text"/>	
Position:	
<input type="text"/>	
Signature:	Date:
<input type="text"/>	<input type="text"/>

7. PAYMENT OPTIONS *(select one payment option ONLY)*

- IN PERSON** I have made payment in person at a council customer service desk upon submission of my application

- VIA PHONE** I wish to be contacted to pay over the phone via credit card (0.5% surcharge applies)

>> Contact number: () _____

- CHEQUE** (must be received with application)

CUSTOMER SERVICE USE ONLY			
Licence No.:		Fee:	
DWX Web Ref.:		Receipt:	
Assessment No.:		Date:	

