



Food Act 2008

Part 8 Division 1

Application for Approval as a Regulatory Food Safety Auditor

SECTION 1: CONTACT DETAILS

Details marked with an asterisk (*) will be made publically available on the Department of Health's approved regulatory food safety auditors list

Full Name*: _____

Postal Address: _____

Suburb* _____

Phone Number*: _____

Mobile Number*: _____ Facsimile Number*: _____

E-mail Address*: _____

Web Address*: _____

SECTION 2: EMPLOYMENT DETAILS

Employment Arrangements:

Self-employed Subcontracting Audit Company Employee

Local Government Department of Health (WA) employee

Business Name: _____

Trading Name (if applicable) _____

ABN ACN

Postal Address: _____

Phone Number: _____ Facsimile Number: _____

SECTION 3: SKILLS AND KNOWLEDGE (CRITERIA 6)

Please attach a statement addressing:

- An in-depth understanding of the *Australia New Zealand Food Standards Code*; in particular a working knowledge of Chapter 3 (the *Food Safety Standards*);
- An in-depth understanding of how the *Food Safety Standards* relate to the specific food industry sector the applicant is applying to audit;
- A demonstrated ability to interpret the requirements of the Western Australian Food Regulatory System, including the *Food Act 2008* and the *Regulatory Food Safety Auditing Framework*;
- Knowledge and a demonstrated ability to carry out auditing of food safety programs/quality assurance plans/food safety management systems (whichever applicable); and
- An understanding of the role of state and local government in food regulation.

SECTION 4: MUTUAL RECOGNITION

Do you hold an active approval as a food safety auditor in any other jurisdiction? Yes No

If yes, please tick relevant jurisdiction:

VIC QLD SA TAS
 NSW NT ACT

Please provide a copy of certificate of approval and sign the following declaration:

I consent to the CEO, Department of Health, to access such information and particulars as necessary from the above mentioned jurisdiction/s in order to process my application for approval as a food safety auditor in Western Australia.

Signature: _____ Date: _____

SECTION 5: BACKGROUND QUALIFICATIONS/RELEVANT EXPERIENCE (CRITERIA 2)

Please attach all evidence of your qualifications (certified copies)

Name of Institution: _____

Qualification obtained: _____

Year granted: _____

Are you an Authorised Officer under the *Food Act 2008*?

Yes

Please attach a statement summarising recent practical experience in food safety assessment within the industry sector applicable (i.e. food businesses identified in *Standard 3.3.1*)

No

Please attach evidence that the qualification obtained included successful completion of 40 hours of food microbiology

SECTION 6: AUDIT KNOWLEDGE COMPETENCIES (CRITERIA 1)

Please attach all evidence of attainment of competency

Registered Training Organisation: _____

Tick competencies acquired:

- FDFFSACA** Assess compliance with food safety programs
- FDFFSCFSA** Conduct food safety audits
- FDFFSCHZA** Identify, evaluate and control food safety hazards
- FDFFSCOMA** Communicate and negotiate to conduct food safety audits

Note: if you have completed alternative units you believe cover the same content as the above 4 units, you will need to provide a statement from the issuing Registered Training Authority detailing the equivalent knowledge acquired.

SECTION 7: APPLYING FOR APPROVAL OVER SPECIALISED HIGH RISK ACTIVITIES (CRITERIA 3)

Do you wish to apply for approval over specialized high risk activities?

Yes

No

If yes, please select the high risk activity you are applying for:

Cook-Chill processes

Necessary if the auditor wishes to audit food businesses involved in the production and processing of food products that are minimally heat processed and distributed as chilled products with a defined shelf life (undertake a "cook-chill" process).

Applicants must ensure that evidence of successful completion of **FDFFS4A: Audit a Cook-Chill Process** is submitted with this application. A witness audit will need to be arranged to provide evidence that the regulatory food safety auditor is competent to audit this specialised activity.

Heat Treatment processes

Necessary if the auditor wishes to audit food businesses involved in heat treatment processes that are designed to bring about defined logarithmic reductions in target organisms in food products (undertake a "heat treatment" process).

Applicants must ensure that evidence of successful completion of **FDFFS4A: Audit a Heat Treatment Process** is submitted with this application. A witness audit will need to be arranged to provide evidence that the regulatory food safety auditor is competent to audit this specialised activity.

SECTION 8: DETAILS OF OTHER QUALIFICATIONS

Do you have other relevant qualifications? *For example: HACCP/auditing*

Yes

No

If yes, please attach all evidence of any relevant qualifications.

SECTION 9: PERSONAL HISTORY INFORMATION (CRITERIA 5)

In the last 12 months:

Yes

No

Have you been convicted of any criminal offence in Australia?

If yes, please attach details of offence

Have you been denied approval to undertake the role of a food safety auditor or had any auditing accreditation or registration suspended or cancelled by any licensing authority in Australia? *If yes, please attach detailed explanation.*

SECTION 10: PERSONAL INDEMNITY INSURANCE

Do you or your employer have personal Indemnity Insurance?

Yes

No

If Yes, please provide:

Name of Insurer:

Policy Number:

SECTION 11: APPLICATION FEES

Application fee \$140.00 (GST included) Must be paid with this application. This Fee is non-refundable.

By Cheque

Enclose a cheque or money order made payable to Department of Health WA and forward payment to:

By Credit Card

Please charge my Mastercard Visa

Card No □□□□ □□□□ □□□□ □□□□ Card Expiry Date □□ □□

Cardholder's Name (please print) _____

Cardholder's Signature _____ Amount Paid \$ _____

SECTION 12: AUDITOR IDENTIFICATION REQUIREMENTS

Please sign your name within the confines of the box below using **BLACK INK** before returning it to the Department of Health.

Your signature will be scanned and will appear on your *Food Act 2008* certificate of authority as a food safety auditor.

Please print your name to be displayed on the certificate: _____

Please provide four colour passport photographs, one of which will be scanned into your certificate. Ensure at least one photograph is verified with you name and signature on the back.

SECTION 13: PROTECTING YOUR PRIVACY

Personal information collected and held by Department of Health may be used in order to provide approval and audit services, administer and manage administration systems, and inform you of our services and requirements. For more information on how we protect your privacy, please contact Department of Health.

SECTION 14: DECLARATION

I, (clearly print full name) _____

apply for approval as a *Food Act 2008* food safety auditor and:

- I declare that I have read, understand and will comply with all aspects of the *Western Australian Regulatory Food Safety Auditor Code of Conduct* when undertaking regulatory food safety audits as an approved food safety auditor;
- I agree that failure to comply with the *Regulatory Food Safety Auditor Code of Conduct* may result in the non-issue of my approval to conduct regulatory food safety audits or the immediate suspension or cancellation of my existing approval to conduct regulatory food safety audits;
- I understand that a 100 point identity check, criminal record, qualifications and background check may be undertaken as part of the application process by the food regulator;
- I have examined the application form and all supporting documents submitted by me. To the best of my knowledge this information is true, correct and complete;
- I understand that the application fee is non-refundable;
- I note that I may be subject to witness audit and check audits during the currency of my approval;
- I note that at least one annual training session will be required at my own expense.

Signature: _____

Date: _____

APPLICATION FORM CHECKLIST

Please ensure your application contains the following documentation before submission to the Department of Health for processing.

Compulsory for all applicants:

- Section 3: Attach a separate statements addressing Criteria 6 of the *Western Australian Regulatory Food Safety Audit Policy*. Resumes/CVs are generally not acceptable.
- Section 5: Attach all evidence of qualifications/relevant experience, including either a statement summarising recent practical experience **or** evidence that qualification included 40 hours of microbiology.
- Section 6: Attach evidence of audit certification.
- Section 11: Include payment of \$140.00 non-refundable application fee plus four colour passport photographs which at least one is verified with your name and signature on the back.

If applicable:

- Section 4: Attach copy of certificate of approval as a food safety auditor in another jurisdiction.
- Section 5: Attach a summary of recent practical experience in food safety assessment within industry sector applicable.
- Section 7: Attach evidence of completion of FDFFSCC4A and/or FDFFSHT4A.
- Section 8: Attach all other relevant qualifications.
- Section 9: Attach detailed explanation if answered "yes" to any of the questions in this section.

Please send all applications to:

Food Unit
Environmental Health Directorate
Department of Health
PO Box 8172
Perth Business Centre WA 6849

Approved and Signed:

Jim Dodds
Delegate of
THE CHIEF EXECUTIVE OFFICER
DEPARTMENT OF HEALTH

9 November 2011