

# Notification of Food Safety Supervisor

## Food Act 2006

I hereby advise

- Contact details of food safety supervisor (*complete sections 1, 2, & 4*)  
 Food safety supervisor contact details have changed (*complete sections 1, 3 & 4*)

**NOTE: A licensee must ensure a food safety supervisor is reasonably available to be contacted by both the local government and food handlers whilst handling is being carried on. The food safety supervisor must be able to supervise and give directions to staff about matters relating to food safety.**

Logan City Council is collecting these details in accordance with the *Food Act 2006* (Qld). This information will only be accessed by employees and/or Councillors of Logan City Council for Council business related activities only. Some of this information may be given to Queensland Health for requisite local government reporting. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

## Section 1 – Food Business Details

Trading name: \_\_\_\_\_

Licence no: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick the box which best describes your business

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Bakery                       | <input type="checkbox"/> Café/takeaway | <input type="checkbox"/> On site caterer  | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Child care centre            | <input type="checkbox"/> Manufacturer  | <input type="checkbox"/> Off site caterer | <input type="checkbox"/> Supermarket  |
| <input type="checkbox"/> Water carrier                | <input type="checkbox"/> Restaurant    | <input type="checkbox"/> Mobile food van  | <input type="checkbox"/> Aged care    |
| <input type="checkbox"/> other, please describe _____ |  |   |                                       |

## Section 2 - Food Safety Supervisor Details

Will the food business have multiple food safety supervisors?

- Yes - complete a separate form for each food safety supervisor  
 No - complete details below

**A copy of the 'statement of attainment' issued by a registered training organisation must be attached. If the food safety supervisor is eligible for automatic accreditation, attach copies of qualifications. Contact Council on (07) 3412 3412 for any advice on recommended course codes.**

Food safety supervisor's full name: \_\_\_\_\_

Food safety supervisor's postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Email: \_\_\_\_\_

### Council use only

LOGAN CITY COUNCIL  
PO BOX 3226  
LOGAN CENTRAL DC QLD 4114  
AB & GST NUMBER  
26-627-796 435  
WWW.LOGAN.QLD.GOV.AU

ENVIRONMENT AND SUSTAINABILITY BRANCH  
ENQUIRIES:  
TEL: (07) 3412 3412  
FAX: (07) 3412 3444  
EMAIL: EAP@LOGAN.QLD.GOV.AU  
DOC# 6702582 / FILE # 483479-1

Building our COMMUNITIES,  
our BUSINESS and our PRIDE



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## Section 3 – Amended Food Safety Supervisor Details

Food safety supervisor's full name:

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Food safety supervisor's postal address:

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Phone:

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Mobile no:

Email:

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## Section 4 – Certification

As the licensee, I

- advise Logan City Council of our food safety supervisor and their contact details in accordance with Section 88 of the *Food Act 2006*; and
- authorise the person nominated as the food safety supervisor to supervise and give directions about matters relating to food safety to persons who handle food in the food business.

I am aware that it is an offence to knowingly provide false and misleading information and declare:

1. That I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects.
2. That the information supplied is correct to the best of my knowledge or that I could reasonably obtain.

Licensee signature:

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Name in full:

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Date:

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