



Southern Downs
REGIONAL COUNCIL

Environmental Services

Southern Downs Regional Council

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64 Fitzroy Street, Warwick
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Food Act 2006

Food Safety Supervisor(s) Notification Form

This form is to be completed by the Food Safety Supervisor for the business. Contact one of Council's Environmental Officers if you require assistance in completing this form.

Business Name:

Food Business Licence Number:

Food Safety Supervisor Details (1)

Name:

Contact Address:

Business Hours Contact Number:

Please indicate that the statements below are true by ticking each of the boxes.

- I have the ability to supervise food handling practices in the food business;
- I am reasonably available at all times when food handling is being undertaken by the food business;
- I have the authority to supervise and give instructions to food handlers.

** If you can not comply with all of these requirements, a second Food Safety Supervisor may be required.*

Competency Details

Attach a copy of the 'Statement of Attainment' (from a Registered Training Organisation).

National Competency Code(s) achieved (relevant to food sector):

Signature of Food Safety Supervisor (1)

I, _____, certify that the above information and the information on attachments, to the best of my knowledge, is correct.

Signature of Food Safety Supervisor:

Date:

/ /

Requirement to Notify Council

Section 88 of the *Food Act 2006* states that the licensee of a food business must advise local government within 14 days after;

- A person becomes a Food Safety Supervisor for the business;
- A person stops being a Food Safety Supervisor for the business;
- The contact details of a Food Safety Supervisor for the business changes.

If more than one Food Safety Supervisor is required, please complete the details below.

Food Safety Supervisor Details (2) *complete if more than one (1) Food Safety Supervisor is required.

Name:

Contact Address:

Business hours contact number:

Please indicate that the statements below are true by ticking each of the boxes.

- I have the ability to supervise food handling practices in the food business;
- I am reasonably available at all times when food handling is being undertaken by the food business;
- I have the authority to supervise and give instructions to food handlers.

Competency Details

Attach a copy of the 'Statement of Attainment' (from a Registered Training Organisation).

National Competency Code(s) achieved (relevant to food sector):

Privacy Notice

Southern Downs Regional Council is collecting the personal information you supply on this form for the purpose of assessing your application in respect of the operation of a licensable premise. The Council is authorised to do this under the *Food Act 2006*. Your personal information may be disclosed to other local government agencies, state government and third parties for purposes related to this application. Specifically, information relating to mobile food premises may be given to other Queensland local government authorities and state government authorities to notify of existing approvals. Except in these circumstances, your personal information will only be disclosed to third parties with your consent or in accordance with the Queensland Government's *Information Privacy Act 2009*.

Signature of Food Safety Supervisor (2)

I, _____, certify that the above information and the information on attachments, to the best of my knowledge, is correct.

Signature of Food Safety Supervisor:

Date:

/ /

If the food business requires more than two (2) Food Safety Supervisors, please photocopy this page and complete as required.