

Primary Produce Safety Act 2011

APPLICATION FOR ACCREDITATION OF A PRIMARY PRODUCER

Complete and return this form and any attachments to:
The Chief Inspector of Primary Produce Safety
Department of Primary Industries, Parks, Water and Environment
PO Box 46, Kings Meadows TAS 7249
Or email to: Sheree.Stonjek@dpipwe.tas.gov.au

Enquiries and Assistance:
Food Safety Management Officer
Product Integrity Branch
Phone: (03) 6165 3091
Email: Owen.Hunt@dpipwe.tas.gov.au

- This form is to be filled out and signed by the proprietor of a primary produce business seeking accreditation.

Applicant Details

Note: An accreditation can only be issued in the name of an individual or business.

Personal

Title (please tick appropriate box)

Mr Mrs Ms Miss

Name (first name and family name) _____

Contact Phone Number _____

Facsimile Number _____

Email Address _____

Position in Business (if applicable) _____

Preferred method of contact (please tick appropriate box)

Phone Facsimile Email Post (using Business Postal Address)

Business (if applicable)

Business Structure Sole Trader Partnership Trust Company

Business Name _____

Trading Name _____

Australian Business Number (ABN) _____

Australian Company Number(ACN) _____

Location of Business Premises _____ Postcode _____

Postal Address (if different from above) _____ Postcode _____

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Operating Details

Please include all site addresses (Include vessels, processing facilities and marine farms) in addition to that listed above, where you or your business carries out primary production activities.

If you require more space than what is allocated below, please attach the additional information to the back of this form.

Location of Site 1	Postcode
Location of Site 2	Postcode
Location of Site 3	Postcode

Details of additional premises attached Yes No

Management Details

Please list all persons who manage or control the day-to-day operations of the business, including all directors or partners in the business. If more space is required please attach the additional information to the back of this form.

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

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Suitability Check

In the last ten (10) years have you, the business, any director of the business or anyone in a management role been convicted of any of the following (please tick appropriate box):

YES NO Any offence against the *Primary Produce Safety Act 2011, Egg Industry Act 2002, Meat Hygiene Act 1985, Food Act 2003*, a prescribed Act¹ or corresponding Commonwealth, Territory or State law.

YES NO Any offence of dishonesty

(If you answered yes to one or both of the above questions, please attach details of the offences to the back of this form)

Accreditation Details

Please indicate all types of operations carried out by you or your business by ticking the applicable box(es).

<p>Producer</p> <p><input type="checkbox"/> Poultry <input type="checkbox"/> Seafood farming <input type="checkbox"/> Seafood Harvesting (Wild fisheries) <input type="checkbox"/> Egg <input type="checkbox"/> Seed Sprouts</p> <p>Description of Operation:</p> <p>Number of Employees <input type="text"/></p> <p>Poultry and Egg Producers only</p> <p>PID Number (Refer to your Council rates notice) <input type="text"/></p> <p>PIC Number (If known) <input type="text"/></p>
<p>Processor</p> <p><input type="checkbox"/> Meat <input type="checkbox"/> Ready-to-Eat Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Seafood <input type="checkbox"/> Egg <input type="checkbox"/> Pet Food</p> <p>Description of Operation:</p> <p>Number of Employees <input type="text"/></p>
<p>Transporter</p> <p><input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Seafood <input type="checkbox"/> Egg</p> <p>Description/details of each vehicle: (i.e. Refrigerated Vehicles)</p> <p>Number of Employees <input type="text"/></p>

¹ Prescribed Acts:

Agricultural and Veterinary Chemicals (Control of Use) Act 1995; Animal (Brands and Movement) Act 1984; Agricultural and Veterinary Chemicals (Tasmania) Act 1994; Animal Health Act 1995; Animal Welfare Act 1993; Environmental Management and Pollution Control Act 1994; Living Marine Resources Management Act 1995; Public Health Act 1997.

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Food Safety Program

Note: You are required to prepare and implement a food safety program under the Meat and Poultry, Seafood, Egg, Pet Food and Seed Sprouts Food Safety Schemes.

****Please attach a copy of the Food Safety Program to the back of this form.***

If you do not have a Food Safety Program and need one, the Department of Primary Industries, Parks, Water and Environment can provide you with a template and assistance. Please contact the Product Integrity Branch, Food Safety Management Officer by phone (03) 6165 3091, fax (03) 6233 6386 or email owen.hunt@dpiuwe.tas.gov.au.

Fees

Please refer to the attached information sheet

Note: An invoice will be sent out upon receipt of the completed application form. The fee is non-refundable and payment must be made before the Accreditation will be issued.

Declaration of Applicant

IMPORTANT: It is a requirement of the Chief Inspector of the *Primary Produce Safety Act 2011*, that a person must not, in completing or signing this application form, intentionally provide any information that is false or misleading.

I, _____

of _____

located at _____

declare that the particulars set out in this application with all supporting documentation are true and correct to the best of my knowledge and belief. I also consent to the Department conducting a criminal history check in deciding if I am a fit and proper person.

Signature _____ Date _____

Privacy statement

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to courts and other agencies authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Biosecurity Tasmania.

The personal information provided in this form relating to the business being carried on by you will be recorded in a public register of accredited producers in accordance with the *Primary Produce Safety Act 2011* and any relevant Food Safety Scheme made under the Act. Information recorded on the register of accredited producers is public information and may be accessed by any member of the public on written request to the Chief Inspector of Primary Produce Safety.

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OFFICE USE ONLY

Date Application Received: _____

Full Fee Amount Received: YES NO N/A

Food Safety Program Attached: YES NO N/A

Further information, documents or records required: YES NO

(If YES, provide details of what is required)

Inspection of premises, vehicle, plant or equipment required: YES NO

(If YES, provide details of what is required)

Conditions of accreditation:

Recommendation:

- Temporary Accreditation for a period of _____
- Full Accreditation
- Accreditation Refused

Signature _____ Date _____

Food Safety Management Officer