



### 3. Copy of Food Safety Program

Is a copy of the business' food safety program attached?

- Yes  
 No

Section 98 of the Food Act states that a food safety program must:

- a. Systematically identify food hazards that are reasonably likely to occur in food handling operations of the 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 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 regular review of the program to ensure it's 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.

### 4. Auditor's Comments

The applicant must include the written advice from an auditor with their application for accreditation of their food safety program.

Is a copy of the auditor's comments attached?

- Yes  
 No

Please provide contact details for the auditor below:

Business Name:	Contact Name:
Contact Number:	Approval Number:

Section 103(2) of the Act states that 'the local government must obtain and consider the written advice of an auditor about whether or not the auditor considers the food safety program complies with the criteria in section 104'.

### 5. Applicant declaration and signature

I understand that the information provided in 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.

I declare the information provided in this application to be true and correct.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Family Name						
Given Names						
Position (eg. Proprietor, manager, director)						
I declare the information provided in this application to be true and correct.						
Signature					Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### PRIVACY STATEMENT

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