Mount Isa City Council 23 West Street, Mount Isa

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Food Act 2006

Application for Food Safety Program Accreditation

Chapter 4	Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply. Contact Council if you have any specific enquiries regarding fees or how to complete this form.	
If applicant is a	1. Applicant Details	
company, insert company name and ABN	Company name ABN	
	Title Mr Mrs Ms Miss Other (specify)	
	Family name	
	Given names	
	Position	
	Postal Address	
	Email Address	
	Phone Number Fax No Fax No	
	Mobile Number	
	2. Business details	
Business name must be registered with the Office of Fair Trading. (Indicate actual site	Business name	
	ABN	
where activity will take place).	Street address	
If a vehicle or stall -		
advise exact location	Locality / Suburb State Postcode Postcode	
Enter postal address if different from street address.	Postal address	
	Locality / Suburb State Postcode Postcode	
	Contact person	
	Email Address	
	Phone Number. Fax Number Fax Number	
	Mobile Number	
Real property description – refer to Rates Notice.	Lot no. Reg. plan no. Parish	
	What type of food business is this application for (please tick below)?	
	Child Care Centre with Food Preparation	
	Off-site Catering	
	On-site Catering	
	Aged Care Facility	
	Private Hospital	
	Other: please give details below	

	3. Copy of Food Safety Program		
	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. Indentify 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?		
	□ v		
	☐ 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 Mr Mrs Ms Miss Othe	er (specify)	
	Family Name		
	Given Names		
	Position (eg. Proprietor, manager, director)		
	I declare the information provided in this application to be true and correct.		
	Signature	Date/	

PRIVACY STATEMENT

Mount Isa City Council is collecting your personal information on this form in order to comply with its responsibilities and obligations as a Local Government. The information will only be accessed by authorised Council employees who have a legitimate need for the information to process applications, requests etc. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.