

# APPLICATION/AMENDMENT - FOOD SAFETY PROGRAM ACCREDITATION

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Please complete this form in BLOCK LETTERS and tick boxes where applicable.

If you have any specific enquiries regarding how to complete this form please contact Council's Customer Services Branch on (07) 4688 6611.

<p>Any change in details of the Food Safety Program must be provided to Council as soon as practicable.</p>	<p><b>Application Type</b></p> <p><input type="checkbox"/> Food Safety Program Accreditation</p> <p><input type="checkbox"/> Amendment to existing accredited Food Safety Program</p>
<p>See guide for relevant definitions of these business types.</p> <p>Maximum number of clients or people catered for on each occasion.</p>	<p><b>FOOD BUSINESS DETAILS</b></p> <p>Name of Food Business: _____</p> <p>Address of Food Business: _____</p> <p>Name of Licensee: _____</p> <p>Food Licence Number: _____</p> <p>Contact Phone No.: B/H _____ Mobile: _____</p> <p>Food Business Type:</p> <p><input type="checkbox"/> On-site caterer <input type="checkbox"/> Off-site caterer</p> <p><input type="checkbox"/> Food Service to Vulnerable Persons:</p> <p><input type="checkbox"/> Aged Care Facility <input type="checkbox"/> Private Hospital <input type="checkbox"/> Provider of Meals for Delivered Meal Organisations</p> <p><input type="checkbox"/> Child Care Centre <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Client/Persons Number _____</p>
<p>Include in the description details in relation to the facilities to which the food safety program applies</p> <p>For Example</p> <ul style="list-style-type: none"> <li>The business operates 1 main kitchen and 4 satellite kitchens.)</li> <li>Preparing meals for onsite service to aged care clients.</li> <li>Preparing meals to be delivered to vulnerable persons in Kearney Springs, Greenmount and Highfields</li> </ul> <p><i>If detail addressed in the Food Safety Program please provide details of where it is referenced</i></p>	<p><b>FOOD OPERATION DETAILS</b></p> <p>Number of meals served on each occasion _____</p> <p>Brief description of business/service provided and how the food safety program relates to specific requirements of your business</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Include the names of the people currently in the positions as referenced in the food safety program.</p> <p><i>If detail is addressed in the Food Safety Program please provide details of where it is referenced</i></p> <p>If insufficient space please provide details as an attachment.</p>	<h2>FOOD OPERATION DETAILS CONTINUED</h2>
	<p>Provide details of the responsibility hierarchy to ensure the food safety program implementation is likely to effectively control the food safety hazards of the business</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Detail should be obtained from the auditor providing the written advice</p>	<h2>AUDITORS DETAILS</h2> <p>Auditor Name _____ Auditor Approval Number _____</p>
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<p>Please attach all relevant information.</p>	<p>The following must be attached to this application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Two (2) copies of the Food Safety Program <ul style="list-style-type: none"> <li><input type="checkbox"/> Including a contents page and page numbers for ease of reading</li> <li><input type="checkbox"/> Systematically identifying the food safety hazards that are reasonably likely to occur in the food handling operations (including examples of the foods available (menu style))</li> <li><input type="checkbox"/> Identifying where, each hazard identified can be controlled and the means of control</li> <li><input type="checkbox"/> Providing for the systematic monitoring of the means of control</li> <li><input type="checkbox"/> Providing appropriate corrective action to be taken when a hazard identified is not under control</li> <li><input type="checkbox"/> Providing for the regular review of the program to ensure it is appropriate to the business</li> <li><input type="checkbox"/> Providing for the keeping of appropriate records for the food business</li> <li><input type="checkbox"/> Other information, relating to the control of food safety hazards, prescribed under a regulation</li> <li><input type="checkbox"/> A complaints procedure</li> </ul> </li> <li><input type="checkbox"/> Written advice from an approved food safety auditor stating that the food safety program complies with the criteria in section 104 of the <i>Food Act 2006</i>.</li> </ul>
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	<h2>SIGNATURE OF LICENSEE</h2> <p>Food Safety Plan Approval Fee <span style="float: right;">\$634</span></p> <p>First 5 hours (desk top audit, inspection and report) then charged at an hourly rate (\$126 per hour).</p> <p>I, _____ certify that the above information and the information on any attachments, to the best of my knowledge, is correct.</p> <p>Signature of Licensee: _____ Date ___/___/___</p>
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