

# APPLICATION FOR ACCREDITATION OR AMENDMENT OF A FOOD SAFETY PROGRAM 2023 / 2024

## Food Act 2006

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Food Act 2006*. The personal information collected on this form will be used to administering the act. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Queensland Health for the purpose of administering the act. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

If you have any specific enquiries regarding how to complete this form or applicable fees, please contact Dalby Customer Service Centre on telephone 1300 268 624. Please complete this application in BLOCK LETTERS and tick boxes where applicable. If a question does not apply, please indicate by writing "n/a".

### Applicant/s Details

Applicant Name: \_\_\_\_\_  
Postal Address 1: \_\_\_\_\_  
Postal Address 2: \_\_\_\_\_  
Home Ph.: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Details

Shop/Business Name: \_\_\_\_\_  
Shop/Business Address 1: \_\_\_\_\_  
Shop/Business Address 2: \_\_\_\_\_  
Business Ph: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Food Business Licence Number (for existing premises): \_\_\_\_\_

### Premise Details

- Off-site caterer
- On-site caterer (Primary activity of the business is on-site catering at the premises stated in the licence)
- On-site caterer (Primary activity of the food business is on-site catering at **part** of the premises stated in the licence, where 200 or more people are served on 12 or more occasions per year)
- Private hospital (part of the operations of a private hospital under the *Private Health Facilities Act 1999*)
- Food service to vulnerable populations (handling potentially hazardous food or other food that is reasonably likely to pose a risk to public health or safety. This includes aged care facilities and child care centres.)
- Voluntary submission

### Amendment of food safety program (Please complete only if applying for an amendment to an existing program)

- Changing a component of the food safety program (such as a change to the way food is handled).
- Change of name and/or contact details stated in the food safety program.



## Attachments

- Food Safety Program  
Section 98 of the *Food Act 2006* states that a food safety program must:
  - (a) systematically identify food safety hazards that are reasonably likely to occur in food handling operations of the food 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 for 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 for regular review of the program to ensure its 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.
  
- Advice from food safety auditor  
Section 103(2) of the *Food Act 2006* states that local government must receive and consider the written advice of an auditor. The advice must state if the food safety program complies with the criteria in section 104 of the *Food Act 2006*. Please note that accreditation of your application cannot proceed until written advice has been provided, unless the application fee for submission without third party advice is paid for.

To find an approved food safety auditor, visit Queensland Health's website:  
[Approved Food Safety Auditor Queensland](#)

## Declaration

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

|   |   |                 |
|---|---|-----------------|
| <b>Application Fee*:</b><br>*NB. Amendment to Licence application must be submitted when upgrading an existing business | <b>\$235.50</b> (when submitted with third party advice)<br><b>\$1290.00 minimum amount</b> (when submitted without third party advice) | EH No.:         |
| Receipt No.:  |   | Assessment No.: |
| Date:   |   | Initials:       |

