



Environmental Services

Southern Downs Regional Council

Email: mail@southerndowns.qld.gov.au
Postal Address: PO Box 26, Warwick, Qld 4370

Office Locations:

Stanthorpe
61 Marsh Street, Stanthorpe
Telephone: 07 4681 5500
Facsimile: 07 4681 5540

Warwick
64 Fitzroy Street, Warwick
Telephone: 07 4661 0300
Facsimile: 07 4661 0333

Food Act 2006
(Chapter 4, section 102)

Food Safety Program Accreditation Form

This form is to be completed by the licensee for the business. Contact one of Council's Environmental Officers if you require assistance in completing this form.

Business Name:

Food Business Licence Number:

Approved Food Safety Program Auditor Details

Council reserves the right to speak to and discuss your Food Safety Program with your Approved Auditor in deciding to accredit your program

Name:

Contact Address:

Business Hours Contact Number:

Please indicate that the statements below are true by ticking each of the boxes

The 'Advice Notice' from your Approved Auditor states that the Food Safety Program:

- systematically identifies the Food Safety Hazards that are reasonably likely to occur in food handling operations of the food business, and
- identifies where, in a food handling operation of the food business, each hazard is identified and can be controlled and the means of control, and
- provides for the systematic monitoring of the means of control, and
- provides for the appropriate corrective action to be taken when a hazard identified is not under control, and
- provides for the regular review of the program to ensure it is appropriate for the food business, and
- provides 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, and
- contains other information, relating to the control of food safety hazards, prescribed under a regulation.

** If you can not comply with all of these requirements, accreditation may not be granted .*

Program and Advice Notice Details

Attach a copy of the 'Food Safety Program' and the 'Advice Notice'.

(Council also requires a current copy of your program and therefore when your program is reviewed council requires amendments to the program).

Signature of Licensee for the business

I, _____, certify that the above information and the information on attachments, to the best of my knowledge, is correct.

Signature of licensee:

Date:

/ /

Office use only

Fee Paid

Application No.

Date Paid

Receiving Officer

Receipt No.

(Food Safety Program Accreditation Fees)

Licence Type (fixed/mobile premises):

Accreditation Fee (\$140)

Non-Compliant Program or Amended Program (\$230)