

Food Safety Supervisor Form



Privacy Notice: Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed by a licensed food business to update details of a food safety supervisor for the food business carried on by the applicant. It is a requirement of the *Food Act 2006* for all licensed food businesses to have a food safety supervisor.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Under the *Food Act 2006*, all licensed food businesses must have a food safety supervisor/s. The licensee is required to provide the details of each food safety supervisor within 30 days of receiving the food business licence.

The licensee must also advise Council of any changes to each food safety supervisor including changes to their contact details or when the person is no longer a food safety supervisor within 14 days of the change.

A copy of the Statement of Attainment for the relevant qualification must also be attached, if a new food safety supervisor/s is nominated.

Applicant Details		
Applicant name: <i>(if partnership or company)</i>		ABN:
Applicant name: <i>(if individual)</i>		
First	Middle	Last
Preferred contact number:	Email:	
Manager/s name:		
Preferred delivery method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – Rockhampton, Gracemere, Mount Morgan <i>Email is the standard form of delivery. If this method is unsuitable, please select the alternative.</i>		
Residential Address <i>(if individual)</i>		
Street number and name:		
Suburb:	State:	Postcode:
Postal address <i>(if different or company)</i> :		
Licence and Premises Details		
Licence number:	Trading name:	
Vehicle registration number:		
Premises Address		
Street number and name:		
Suburb:	State:	Postcode:

OFFICE USE ONLY	Date:	CSO:
	Information checked: Y / N	Licence number:

Food Safety Supervisor

Food Safety Supervisor One

Please select the relevant application type: Nomination Amendment Cancellation

Food safety supervisor name:

First

Middle

Last

Postal address:

Preferred contact number:

Email:

Food Safety Supervisor Two

Please select the relevant application type: Nomination Amendment Cancellation

Food safety supervisor name:

First

Middle

Last

Postal address:

Preferred contact number:

Email:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

Statement of Attainment for the food safety supervisor/s qualification (for 'new' food safety supervisor/s).

Declaration

I submit this Food Safety Supervisor Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Applicant name:

Applicant signature:

Date:

Signatory name:
(if partnership or company)

Signatory position:
(if partnership or company)