

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.



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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 the food safety supervisor/s within 30 days of receiving the food business licence.

The licensee must also advise Council of any changes to the food safety supervisor/s 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:

(if partnership or company)

Applicant name:

(if individual)

First

Middle

Last

Residential address:

(if individual)

Street number and name

City

State

Postcode

Postal address *(if different or company)*:

Preferred contact number:

Email:

Manager/s name:

Preferred delivery method:

Email

Post

Email is the standard form of delivery. If this is method is unsuitable please select the alternative.

Licence and Premise Details

Licence number:

Trading name:

Premises address:

Street number and name

City

State

Postcode

Vehicle registration 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:

OFFICE USE ONLY

Date:

CSO:

Information checked: Y / N

Licence number:

Preferred contact number:		Email:	
Food Safety Supervisor Two			
Please select the relevant application type:		<input type="checkbox"/> Nomination	<input type="checkbox"/> Amendment
<input type="checkbox"/> Cancellation			
Food safety supervisor name:			
First		Middle	Last
Postal address:			
Preferred contact number:		Email:	
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: <i>(if partnership or company)</i>		Signatory position: <i>(if partnership or company)</i>	
Supporting Documentation			
Please remember to provide the following supporting documentation when submitting this form:			
<input type="checkbox"/> Copy of the Statement of Attainment for the food safety supervisor/s qualification (for 'new' food safety supervisor/s).			