

Food Safety Program Application / Accreditation / Amendment

2021/22 Financial Year

Food Act 2006

I / We apply for (*please tick*):

Existing food business licence no: PH/FSDM/

- Accreditation of a Food Safety Program (FSP)
- Amendment of an accredited Food Safety Program
- Administration transfer of an accredited Food Safety Program (with no amendments to the program)

If this is a new food business the application for a food business licence form must also be completed and submitted with the required fee.

Provide an electronic copy of your Food Safety Program with your application.

Section 1 – Applicant Details

Applicant name:

Individual or company name – business name or trust not accepted as applicant

If applying as a company provide preferred contact details:

Name:

Phone:

Trading as:

Postal address:

ABN/ACN:

PRIVACY COLLECTION NOTICE: Council collects personal information to be able to provide services and information in accordance with the *Food Act 2006*. It may be used to update records, contact you about Council business and can only be accessed by Councillors, Employees and Authorised Contractors. All information is handled in accordance with Council's Privacy Policy and Procedure. Visit: logan.qld.gov.au/privacy

Contact person name:

Business phone number: Mobile

Email address:

Council's preferred method of contact is email.

Section 2 – Site Details

Address of food business (*Mandatory*):

Food Sector (*please tick*)

- Private hospital
- Primary activity is on-site catering at the premises
- Primary activity is on-site catering at *part* of the premises (*serving 200 persons or more on 12 or more occasions per year)
- Off-site caterer
- Aged care
- Child care
- Delivered meals organisation
- Voluntary submission
 - Café or restaurant
 - Food manufacturer
 - Supermarket
 - Other:

Section 3 - Food Safety Program Submission List

Please tick the appropriate box

| Have you identified all food business processes? | Yes | N/A |
|--|--------------------------|--------------------------|
| Purchasing/Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| Dry storage | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold storage | <input type="checkbox"/> | <input type="checkbox"/> |
| Frozen storage | <input type="checkbox"/> | <input type="checkbox"/> |
| Thawing | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking food | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling food | <input type="checkbox"/> | <input type="checkbox"/> |
| Reheating and hot holding food | <input type="checkbox"/> | <input type="checkbox"/> |
| Serving, self-service and displaying food | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergens, food packaging and labelling | <input type="checkbox"/> | <input type="checkbox"/> |
| Transporting food | <input type="checkbox"/> | <input type="checkbox"/> |
| Off-site events | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you systematically identified all potential hazards likely to occur for each food business process? | <input type="checkbox"/> | <input type="checkbox"/> |
| For each potential hazard have you identified the controls (including critical control points) and appropriate corrective action to be taken when hazards are found not to be under control? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all required support programs eg pest control, cleaning and sanitation etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified all required monitoring records eg temperature control, staff training etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you identified and planned appropriate food safety and hygiene training? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 - Food Safety Program Amendment

Please tick if appropriate

- If proposing to change the way food is handled that would result in potential new hazards being introduced, which require effective control steps, the Food Safety Program must be amended. If yes, provide:
- an electronic copy of the amended Food Safety Program; and**
- cover sheet outlining the specific changes made.**

Section 5 – Certification

| Certification | Applicant 1 | Applicant 2 |
|---|---|---|
| That I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| That the information supplied is correct to the best of my knowledge or that I could reasonably obtain. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If written advice of an approved 3 rd party auditor is supplied, that the approved 3 rd party auditor did not assist or was not involved with the development of the Food Safety Program submitted for accreditation. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I am aware that it is an offence to knowingly provide false and misleading information | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| I consent to receive food business correspondence including letters, inspection reports, and legal notices by email. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Section 6 – Applicant declaration

| Applicant 1 | Applicant 2 |
|--|--|
| Name/s in full <input type="text"/> | Name/s in full <input type="text"/> |
| Applicant signature <input type="text"/> | Applicant signature <input type="text"/> |
| Date <input type="text"/> | Date <input type="text"/> |
| Position <input type="text"/> | Position <input type="text"/> |

Section 7 – Fees (Not subject to GST)

Your application cannot be processed unless the correct fees are paid in full.

| Application type | Fee |
|--|-----------|
| Application for accreditation of Food Safety Program | \$ 922.00 |
| Application for accreditation of Food Safety Program - (with written advice of an approved 3 rd party auditor supplied) | \$ 413.00 |
| Application for amendment of Food Safety Program | \$ 413.00 |
| Application for an administrative transfer an accredited Food Safety Program only (with no amendments to the program) | \$ 178.35 |
| Consideration of subsequent additional written advice, plus \$170.00 per hour | \$ 174.25 |

Payment options



Paying by mail

Make your cheque or money order payable to Logan City Council. Complete the application form and return it to Council.



Paying by phone

Call Logan City Council on 07 3412 3412 to pay with Mastercard or Visa. Ensure you also return the signed application form to Council



Paying in person

Cash, cheque, money order, EFTPOS, Mastercard or Visa. Ensure you also return the signed application form to Council.

Customer service centre locations

Council Administration Centre
150 Wembley Road, Logan Central
Beenleigh - 105 George Street, Beenleigh
Jimboomba - 18-22 Honora Street, Jimboomba

Phone: 07 3412 3412
Email: council@logan.qld.gov.au