

Food Safety Program Application / Accreditation / Amendment

2023/24 Financial Year

Food Act 2006

I / we apply for (please tick):

Existing food business licence no: **PH/FSDM/**

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

If this is a new food business, the food business licence application 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:

Contact person name:

Business phone number:

Mobile:

PRIVACY COLLECTION NOTICE: Council is collecting your 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, including by mail, email or SMS and can only be accessed by Councillors, Employees and Authorised Contractors. To unsubscribe or opt out of electronic correspondence, please email your request to council@logan.qld.gov.au. All information is handled in accordance with Council's Privacy Policy and Procedure Visit: <https://www.logan.qld.gov.au/information-and-privacy/privacy>.

Email address:

IMPORTANT: By providing your email you are agreeing to receive all correspondence electronically including licensing renewal information, letters, inspection reports, legal notices and other licensing related information.

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
- Childcare
- 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 | | |
| Dry storage | | |
| Cold storage | | |
| Frozen storage | | |
| Thawing | | |
| Preparation | | |
| Cooking food | | |
| Cooling food | | |
| Reheating and hot holding food | | |
| Serving, self-service and displaying food | | |

| | | |
|--|--|--|
| Allergens, food packaging and labelling | | |
| Transporting food | | |
| Off-site events | | |
| Have you systematically identified all potential hazards likely to occur for each food business process? | | |
| 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? | | |
| Have you identified all required support programs, eg pest control, cleaning and sanitation etc? | | |
| Have you identified all required monitoring records, eg temperature control, staff training etc? | | |
| Have you identified and planned appropriate food safety and hygiene training? | | |

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"/> YES <input type="checkbox"/> NO |




| Applicant 1 | Applicant 2 |
|-----------------------------|-----------------------------|
| Name in full: | Name in full: |
| Applicant signature: | Applicant signature: |
| Date: | Date: |
| Position: | Position: |

Section 6 – 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 | \$ 666.00 |
| Application for accreditation of Food Safety Program - (with written advice of an approved 3 rd party auditor supplied) | \$ 435.00 |
| Application for amendment of Food Safety Program | \$ 435.00 |
| Application for an administrative transfer an accredited Food Safety Program only (with no amendments to the program) | \$ 126.00 |
| Consideration of subsequent additional written advice, plus \$70.00 per hour | \$ 70.00 |

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. A merchant surcharge fee of 0.34% will apply. |
|  | 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 |