

2023/2024 Environmental Health Food Safety Supervisor Notification

Authorising provisions - Food Act 2006

If you have any specific enquiries regarding how to complete this form please contact council's Environmental Health Department by phoning 07 5429 6500

| 1. Business details | | | | | | | | | |
|--------------------------|-----------------|-------|--|-------------------------------|--|--|--|--|--|
| Trading name | | | | Food Business Licence No FH / | | | | | |
| Postal address | | | | | | | | | |
| Suburb | | State | | Postcode | | | | | |
| Preferred contact person | | | | | | | | | |
| Business phone | Alternate phone | | | Mobile | | | | | |
| Email address | | | | Fax | | | | | |

2. Food safety supervisor notification

A food business licensee must advise council of the name and contact details of each food safety supervisor for the business. Penalties apply for failing to provide the required information within the specified timeframe.

• for a new licence - within 30 days

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- for a change in food safety supervisor within 14 days
- for a change in a food safety supervisor's contact details within 14 days
- after a person stops being a food safety supervisor within 14 days

For **each** food safety supervisor listed, attach a copy of the certificate of attainment for the relevant competencies. For current competencies refer to Qld Health Website

| Food safety su | upervisor 1 | | | | |
|----------------|-------------|-----------------|-------------|-------------|--|
| Title | Surname | Surname | | | |
| Business phone | е | Alternate phone | | Mobile | |
| Email address | | | | Fax | |
| Competencies | held | | | | |
| Food safety su | upervisor 2 | | | | |
| Title | Surname | | Given names | | |
| Business phone | е | Alternate phone | | Mobile | |
| Email address | | | | Fax | |
| Competencies | held | | | | |
| Food safety su | upervisor 3 | | | | |
| Title | Surname | Surname | | Given names | |
| Business phone | е | Alternate phone | | Mobile | |
| Email address | | | | Fax | |
| Competencies | held | | | | |
| | | | | | |

Privacy

Noosa Shire Council is collecting your personal information for purposes of processing your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and associated laws. Your personal information will only be disclosed to third parties with your consent, to meet the requirements of this application, or if required to do so by law. Council handles your personal information in accordance with the Information Privacy Act 2009 (QLD). You can find further information on how we manage personal information in Council's Privacy Policy.

T (07) 5329 6500 | F (07) 5329 6501 | ABN: 97 969 214 121 | www.noosa.qld.gov.au | mail@noosa.qld.gov.au | Postal address: PO Box 141 Tewantin QLD 4565 | Tewantin office: 9 Pelican Street Tewantin QLD 4565



| 3. Delete previous food safety supervisor/s | | | | | | | | | | |
|---|------------------------------------|---|-----------|------------------------|--|--|--|--|--|--|
| Please delete the following | lowing names from your records as | they are no longer our food safety su | pervisor: | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Fees - the term | of licence will be until 31st Au | gust (unless cancelled or suspe | nded) | | | | | | | |
| Category - Please tic | ck | Food Business licence No FH | / | Total fee | | | | | | |
| □ Notification of Fo | ood Safety Supervisor | | | \$70.00 | | | | | | |
| | | | | | | | | | | |
| 5. Declaration of a | applicant – Please note this m | ust be completed by the licence | holder | | | | | | | |
| with Noosa Council. | | correct in all respects, at the time of relation to this application be change hange being implemented. | | | | | | | | |
| I/We hereby notify No | oosa Council of the Food Safety Su | pervisor, as required by the Food Ac | t 2006 as | s set out in this form | | | | | | |
| Name | Signature | Position: eg director | | Date | | | | | | |
| Name | Signature | Position | | Date | | | | | | |