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| Office: |
|---------|
| Date:// |
| Time: |
| Name: |

Food Safety Supervisor Nomination Form

Please attach a certificate of attainment of competencies for the food safety supervisor/s listed below.

| BUSINESS DETAILS | | | | |
|---|---|--|--|--|
| Food Business Name: | | | | |
| Food Licence Number: | | | | |
| Premises Address: | | | | |
| Contact Number: | | | | |
| LICENSEE DETAILS | | | | |
| Licensee Name: | | | | |
| Licence Address: | | | | |
| Email (mandatory): | | | | |
| Contact Number: | | | | |
| making this application. | ne business described in this application hereby consent to the below mentioned applicant | | | |
| Signature: | Date: | | | |
| Supervisor Nomination. The informatio | your personal information in accordance with the <i>Food Act 2006</i> to process and record your Food Licence's Food Safety n collected will be entered into Gladstone Regional Council's names and address database and may be used for any ation will only be accessed by authorised Council employees. This information will not be given to any other person or sion or we are required by law. | | | |
| FOOD SAFETY SUPERVISOR APPLICANT DETAILS | | | | |
| Title: Surname: | First Name: | | | |
| Postal Address: | | | | |
| 1 Ostal Addiess. | | | | |
| Phone Number: (W) | Mobile: | | | |
| Have you been nominated as a Food Safety Supervisor with Gladstone Regional Council previously? | | | | |
| If so provide below informati | on: | | | |
| Previous Food Licence number: | | | | |
| Previous Food Business name: | | | | |
| Completed Course/Qualifications: | | | | |

OR Course Currently Enrolled:

(see attached list of Course Competencies accepted by Gladstone Regional Council)

Signature: Date:

Gladstone Regional Council is collecting your personal information in accordance with the *Food Act 2006* to process and record your Food Safety Supervisor Nomination. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.

FORM RETURN

You can return your form in the following ways:

In person: You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

Fax to: (07) 4975 8500 or,

Mail Correspondence to: PO Box 29, Gladstone Qld 4680 or,

Email to: info@gladstone.qld.gov.au

| Licence Category | Food Sector | Required Competency |
|---|----------------------------------|---|
| Manufacturer / Processor (e.g. Pre-prepared meals, Ice manufacturers, Breweries) | Food Processing | FBPRSY2002 - Apply food safety procedures OR FBPFSY1002 - Follow work procedures to maintain food safety |
| Caterer Canteen / Kitchen Charity / Community Org Food Shop Home Delivery Hotel / Motel / Guesthouse Mobile Food Operator Pub / Tavern Restaurant / Café Retailer Supermarket Temporary Food Stall (e.g. Market stall) Takeaway / Snack Bar | Retail and Hospitality | SITXFSA005 - Use hygienic practices for food safety + SITXFSA006 - Participate in safe food handling practices OR SIRRFSA001 - Handle food safely in a retail environment |
| Child Care Centre Hospital / Nursing Home Meals on Wheels | Health and Community Services | HLTFSE001 - Follow basic food safety practices + HLTFSE007 - Oversee day to day implementation of food safety in workplace + HLTFSE005 - Apply and monitor food safety requirements |
| Distributor / Importer Transport (e.g. Water carrier) | Transport and Distribution | SITXFSA005 - Use hygienic practices for food safety + SITXFSA006 - Participate in safe food handling practices |