

Food Act 2006

## NOMINATION OF A FOOD SAFETY SUPERVISOR

**PURPOSE OF FORM:** This form will be used for the nomination of Food Safety Supervisors for licensable food businesses.

### Application Type:

- Nomination of a Food Safety Supervisor – New Licence       Nomination of Additional Food Safety Supervisor/s  
 Change of Food Safety Supervisor/s and/or Contact Details

### IMPORTANT INFORMATION

- Section 86 of the *Food Act 2006* requires food business licensees to have a nominated Food Safety Supervisor for their food business at all times (note: licensees must nominate a Food Safety Supervisor within thirty (30) days of being issued a food business licence).
- All licensable food businesses must have at least one nominated Food Safety Supervisor, however additional Food Safety Supervisors can be nominated and this is recommended.
- Food Safety Supervisors must have the required skills and knowledge to supervise food handling activities (for recommended competency codes for each industry refer to: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0027/813618/food-safety-supervisors.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf)).
- Food Safety Supervisors must be reasonably available at all times while the food business is being carried on.
- Should there be a change in the nominated Food Safety Supervisor or their contact details, the licensee must notify Council within fourteen (14) days.

<p>Complete <b><u>EITHER</u></b> the Individual Licensee Section or the Registered Entity Section <b><u>only</u></b>.</p> <p>If a Company, insert Company Name and ACN.</p> <p>Business name relates to the Trading Name of the business.</p> <p>Provide details of each person to be nominated as a Food Safety Supervisor.</p> <p><b><u>Persons to be nominated as a Food Safety Supervisor for a food business must consent to this nomination.</u></b></p> <p>Signed declaration must be completed by the person being nominated as a Food Safety Supervisor (where this person is not the licensee).</p>	<p><b>Section 1 – Licensee’s Details</b></p> <p><b>Complete for Individual Licensees only:</b></p> <p>Title: _____ Title: _____</p> <p>Surname: _____ Surname: _____</p> <p>Given Names: _____ Given Names: _____</p>
	<p><b>OR Complete for Registered Entity/Company only:</b></p> <p>Company Name: _____</p> <p>ACN: _____</p>
	<p><b>Section 2 – Business and Licence Details</b></p> <p>Business Name: _____</p> <p>Business Address: _____</p> <p>Licence No. (i.e. FF/MF/AFS/DWC): _____</p>
	<p><b>Section 3 – Nomination of Food Safety Supervisor/s</b> <i>(Please attach a separate sheet to this form should you wish to nominate more than two Food Safety Supervisors for the business).</i></p> <p><b>Food Safety Supervisor 1</b></p> <p>Surname: _____ Given Names: _____</p> <p>Address: _____</p> <p>Contact Details - Business Hours: _____ After Hours: _____</p>
	<p>(Complete the below declaration only where the nominated person is not the licensee).</p> <p>I, _____, consent to this application being made by the licensee (or an authorised representative) to be a nominated Food Safety Supervisor for the above food business and am aware of my legal responsibilities in performing this role.</p> <p>Signature: _____</p>

**Privacy Notice:** In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

<b>Food Safety Supervisor 2</b>	
Surname:	Given Names:
Address:	
Contact Details - Business Hours:	After Hours:
(Complete the below declaration only where the nominated person is not the licensee).	
I, _____, consent to this application being made by the licensee (or an authorised representative) to be a nominated Food Safety Supervisor for the above food business and am aware of my legal responsibilities in performing this role.	
Signature: _____	
<b>Section 4 – Changes to Food Safety Supervisor/s or Contact Details</b>	
<b>Details of Person/s No Longer a Food Safety Supervisor for the Business</b> <i>(Please attach a separate sheet to this form should you wish to remove more than two nominated Food Safety Supervisors).</i>	
<b>Food Safety Supervisor to be Removed:</b>	
Surname:	Given Names:
<b>Food Safety Supervisor to be Removed:</b>	
Surname:	Given Names:
<b>Change in Contact Details of Nominated Food Safety Supervisor/s</b>	
<b>Food Safety Supervisor 1</b>	
Surname:	Given Names:
Address:	
Contact Details - Business Hours:	After Hours:
<b>Food Safety Supervisor 2</b>	
Surname:	Given Names:
Address:	
Contact Details - Business Hours:	After Hours:

**Section 5 - Attachments -**

Please provide the following attachments with this form:

- A copy of Food Safety Supervisor certification for all nominated Food Safety Supervisors; or
- A description of industry experience to demonstrate nominated Food Safety Supervisors have the required skills and knowledge to supervise food handling activities.

**Section 6 - Declaration -**

I \_\_\_\_\_ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth Department in regards to any matters relevant to this application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicable Fees and Charges**

No fees apply to the nomination of Food Safety Supervisors.

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