

Food Safety Supervisor



Food Business Details

Business name

FP number

Licensee name

Licensee Signature

Date

Type of Food Premise

Indicate type of application by ticking appropriate box

- Food processing
- Retail and hospitality
- Health and community services
- Transport and distribution

Food Safety Supervisor's Details

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Position (i.e. owner)

Postal address

Suburb

Postcode

Phone - Home

Mobile

Email address

Competency title

Registered training organisation

National competency code

Date completed

Signature

Date

2nd Food Safety Supervisor's Details

(Complete where more than one (1) food safety supervisor is to be nominated for the food business)

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Position (i.e. owner)

Postal address

Suburb

Postcode

Phone - Home

Mobile

Email address

Competency title

Registered training organisation

National competency code

Date completed

Signature

Date

Statement of Attainment

- Copy of Statement of Attainment issued by a Registered Training Organisation attached.

(Note: this must include National Competency Codes and Competency Titles for competencies obtained)

Application Type

Indicate type of application by ticking appropriate box

- Notification of new Food Safety Supervisor
- Notification of additional Food Safety Supervisor
- Amendment to existing Food Safety Supervisor details
- Removal of Food Safety Supervisor

Name of removed

CSHE014 - 22/05/2019

Information Privacy Act 2009 - Redland City Council is collecting your personal information in accordance with the Food Act 2006 in order to process this application. The information will only be used by authorised Council Officers for the purpose of this Food Safety Supervisor application and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.