



DERWENT VALLEY COUNCIL

Food Business

Application for a Food Business Registration / Renewal - *Food Act 2003, Sections 87 & 89*

Food Business Proprietor's Details (Proprietor of a Food Business means - a) the person carrying on the food business or b) if that person cannot be identified, the person in charge of the food business)

Name of Proprietor

ACN (if a Company)

Postal Address

..... Postcode

Telephone Mobile Phone

Facsimile Email

Details of skills and knowledge (***have you or your staff ever undertaken any form of food safety training?***) provide details:

- of the proprietor or "person responsible for food safety"
(name).....
- food handlers (name).....
(name).....
(name).....

Business Details (Day-to-day operator)

Location of business

Name of business

Person responsible for food safety

Telephone Mobile Phone

Facsimile Email

Emergency contact..... Telephone

Please continue over the page

Type of business (eg. Cafe, Bakehouse, Restaurant etc).....

Types of food sold

Raw eggs

Do you make raw egg based foods (e.g. **mayonnaise or aioli**) ????

(specify).....

Name and address of egg supplier.....

.or

do you use commercially available mayonnaise or aioli ?

(specify).....

Comments.....

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.....

Food Safety Questionnaire

It is now a requirement of the Food Act 2003 that the proprietor of all food businesses demonstrate a satisfactory knowledge and skills of food safety. The satisfactory completion of the food safety questionnaire will satisfy the knowledge and skills requirement.



What causes salmonella food poisoning?

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What methods or measures do **you use** to avoid salmonella food poisoning from your food premises?

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What is cross contamination?

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How does it happen?

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How do you prevent it?

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-
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What is time and temperature abuse?

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What are the dangers of time and temperature abuse?

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How do I control the temperatures of food?

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Do you have a thermometer to check the temperature of fridges and cool rooms? Yes.... No.....(tick)

Do you use a bain-marie? Yes.... No.....(tick) Do you have a thermometer to check the temperature of food in the bain-marie? Yes.... No.....(tick)

If yes how often?

Do you keep a written record of these temperatures? Yes.... No.....(tick)

Do you check the temperature of your fridges / cool room? Yes.... No.....(tick)

How often? Daily..... Weekly.....Monthly.....Annually (tick)

Do you keep a written record of these temperatures? Yes.... No.....(tick)

Proposed hours of operation (or attendance on site):

Mon Tue Wed Thu

Fri Sat Sun

Comments

Fee and Signature

Application fee: - to be determined

Signature of applicant for registration Date

*Please lodge your completed form and application fee to the
Derwent Valley Council*

Office Use Only

Receipt No.:

Date:/...../.....

ENVIRONMENTAL HEALTH OFFICER / ASSESSMENT REPORT

- I STATE THAT the proposed food business situated at the above address complies satisfactorily with the requirements of the Food Act 2003 and relevant guidelines and standards for the type of business which will be conducted thereon and for the type of food that will be manufactured for sale or sold in/from the premises.

- I RECOMMEND THAT the food business be granted registration to the proposed Proprietor and that the proposed food business situated at the above address be registered subject to the terms and conditions on the attached Certificate.

- I DO NOT RECOMMEND the granting of the proposed registration. My reasons are given in the attached report.

EHO Signature:

Date:

Conditions:.....
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