

Notice of Food Safety Supervisor

Food Act 2006

I hereby advise

- □ Contact details of food safety supervisor (*complete sections 1, 2, 4 & 5*)
- □ Changed contact details of Food safety supervisor (*complete sections 1, 3, 4 & 5*)

NOTE: A licensee must ensure a food safety supervisor is reasonably available to be contacted by both the local government and food handlers whilst handling is being carried on. The food safety supervisor must be able to supervise and give directions to staff about matters relating to food safety.

Weipa Town Authority (WTA) is collecting your name, the name and location of your business in accordance with the Food Act 2006 in order to assess your food business licence. The information will only be accessed by employees of the Weipa Town Authority for business related activities only. Some of this information may be given to Queensland Health and Safe Food Production Queensland for the purpose of implementing the Food Act.

Section 1 – Food Business Details	
Licence no:	FD/ /
Trading Name:	
Address:	

Section 2 – Food Safety Supervisor Details			
Will the food business have multiple food safety supervisors			
□ Yes	Complete a separate form for each supervisor		
□ No	Complete Details below		
Supervisor Details			
Supervisors Name:			
Supervisors Postal address:			
Supervisors Contact details	(m)	(Email)	

Section 3 – Amend Food Safety Supervisor Details			
Supervisors Name:			
Supervisors Postal address:			
Supervisors Contact details	(m)	(Email)	

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Food safety Supervisor		
Owner: Coordinator Communities	Authorised By: Superintendent	Next Review Due: 10/10/2024

Section 4 - Training		
Certified Statement of Attainment of training is attached		
□ Yes	Please note that the copy provided to WTA will not be returned to the	
	business/ Food safety supervisor	
□ No	Please contact WTA to discuss	

Section	15 – Certification
	advise Weipa Town Authority of our food safety supervisor and their contact details in accordance with
	Section 88 of the Food Act 2006; and
	authorise the person nominated as the food safety supervisor to supervise and give directions about matters
	relating to food safety to persons who handle food in the food business.

I am aware that it is an offence to knowingly provide false and misleading information and declare:

1. That I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects.

2. That the information supplied is correct to the best of my knowledge or that I could reasonably obtain.

Licensee Signature:	
Name in Full:	
Position:	
Date:	

NOTE: No fee is required for submitting this form.

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