



FOOD SAFETY SUPERVISOR NOTIFICATION FORM

Food Business Trading Name:	Food Business Physical Address:
Proprietor:	Food Business Telephone Number and Email:
File Number (on registration certificate):	Food Business Registration Number (on registration certificate):

FOOD SAFETY SUPERVISOR DETAILS

Name of Food Safety Supervisor (up to 4 names can be entered)	Telephone Number	Date of training (dd/mm/yyyy)
1.		
2.		
3.		
4.		

*You **do not** need to send copies of the qualifications to the Health Protection Service.

DECLARATION

I declare that all the information supplied on this form is true and correct and there are necessary records or documentation to support this notification.

.....
Signature

...../...../.....
Date

.....
Print Name

Please post, fax or email the completed form to the Health Protection Service.

Post: Locked Bag 5005 WESTON CREEK ACT 2611
 Fax: (02) 5124 9305 Email: hps@act.gov.au

OFFICE USE ONLY

Database updated Yes No

Officer's name: Officer's Signature..... Date: