



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. | | |

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 5554 Email: hps@act.gov.au

OFFICE USE ONLY
 Database updated Yes No
 Officer's name: Officer's Signature..... Date: