

# FOOD SAFETY SUPERVISOR PROGRAM

## FSS notification form

After appointing a Food Safety Supervisor (FSS), the proprietor (business owner) of a food business must notify the relevant enforcement agency of their FSS within 7 days.

The proprietor can meet this obligation by either filling in this notification form and submitting it to their local council, or by notifying online at the NSW Food Authority's website [www.foodauthority.nsw.gov.au](http://www.foodauthority.nsw.gov.au).

If businesses choose to use this paper based form, they must fill in the relevant sections below and submit to their council within 7 days.

### Section 1 – Business details

Proprietor's name \_\_\_\_\_ Date \_\_\_\_\_

Proprietor's telephone \_\_\_\_\_

Proprietor's email (if any) \_\_\_\_\_

Business name \_\_\_\_\_

Trading as (if applicable) \_\_\_\_\_

Fill in the business address in Section 1a **OR** Section 1b, depending on which is most relevant

#### **1a) Food premises address** (for food premises except mobile catering)

Business address of food premises \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**OR**

#### **1b) Proprietor's business address** (for mobile catering businesses only)

Proprietor's business address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

## Section 2 – Business authorisation

The proprietor of the food business should fill in the authorisation below

### Proprietor authorisation

If any business information supplied by me may be considered to be untrue or misleading in any respect, I understand that the NSW Food Authority may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

Proprietor's name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 3 – Food Safety Supervisor's details

Tick appropriate box

☐

New FSS

☐

Existing FSS (change of details)

FSS' name \_\_\_\_\_

FSS' telephone (during FSS' working hours) \_\_\_\_\_

FSS' email (if any) \_\_\_\_\_

### Food Safety Supervisor certificate details

RTO name \_\_\_\_\_

Certificate identification number \_\_\_\_\_

Date of issue \_\_\_\_\_

## Section 4 – FSS authorisation

Fill in Section 4a **OR** Section 4b, whichever is applicable

### 4a) If an employee is the FSS:

#### FSS authorisation

I authorise my employer \_\_\_\_\_ (business name) to provide my personal information to the relevant enforcement agency for the purposes of s106E of the *Food Act 2003* (NSW).

This authorisation is limited to the provision of my name, contact details and Food Safety Supervisor certificate details (including identification number and date issued).

If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that the NSW Food Authority may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

FSS' name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OR**

### 4b) If the proprietor of the business is the FSS:

#### FSS authorisation

I acknowledge and understand that I am providing my personal information to the relevant enforcement agency for the purposes of s106E of the *Food Act 2003* (NSW). This authorisation is limited to the provision of my name, contact details and Food Safety Supervisor certificate details (including identification number and date issued).

If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that the NSW Food Authority may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

FSS' name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_