



## Application for Approval as a Food Safety Auditor

### 1. CONTACT DETAILS

These details will be made available on the Department's Approved Auditor List

Full Name: .....  
Postal Address: .....  
Post Code: .....  
Telephone No.: .....  
Mobile No.: .....  
Facsimile No.: .....  
E-mail Address: .....  
Website: .....

### 2. EMPLOYMENT DETAILS

#### Employment Arrangements (tick box):

Self Employed     Sub-contracting     Audit Company Employee

Business Name: .....

Trading Name (if applicable) : .....

ABN                     ACN         

Postal Address: .....

Post Code: .....

### 3. CURRENT AUDIT CERTIFICATION

#### *Please attach evidence of your certification*

Certifying Organisation: .....

Certification No.: .....

Auditor Level: .....

Have you previously been approved as a Food Safety Auditor by a food regulator?

Yes – Year of last approval: .....     No



**7. WHAT COMPLEX AUDIT ENDORSEMENTS ARE YOU APPLYING FOR?  
Note: Specialist Competencies Apply**

- Heat Treatment                       Ready-to-eat products manufacturing  
 Cook Chill                               Oysters and Bivalve Molluscs Production and Processing

**8. DETAILS OF QUALIFICATIONS**

Please attach all evidence of your qualifications

Relevant Tertiary Education (including details of minimum 40 hours of microbiological training if applying for high risk process auditing or equivalent):

.....  
.....

HACCP Training Qualifications: .....

Other relevant auditing qualifications: .....

Other relevant qualifications or training: .....

If you require further room for your response, please provide on a separate sheet.

**9. PERSONAL HISTORY INFORMATION**

- | In the last 12 months:  | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you been convicted of any criminal offence in any state or in federal court?<br><i>If 'yes' please provide details of offence.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been denied approval to undertake the role of a Food Safety Auditor, or had an auditing accreditation or registration suspended or cancelled by any licensing authority in Australia?<br><i>If 'yes' attach detailed explanation.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**10. PERSONAL INDEMNITY INSURANCE**

Do you or your employer have Personal Indemnity Insurance?                       Yes    No  
If 'yes' please provide:  
Name of insurer: .....  
Policy number: .....

### 11. DO YOU WISH TO SUBMIT YOUR OWN AUDIT REPORT FORM FOR APPROVAL UNDER THE FOOD ACT 2003?

Yes – please attach for consideration

No – please use the Approved Form

### 12. FEES

Annual Application fee

\$150

Fee is non-refundable and payment must be made before auditor approval will be granted each year.

### 13. PAYMENT

A tax Invoice will be sent to you for payment of \$150 for annual approval. You will not be approved as a Food Safety Auditor until payment is received in full.

### 14. AUDITOR IDENTIFICATION REQUIREMENTS

Please sign your name within the confines of the box below using BLACK INK before returning it to the food regulator.

Your signature will be scanned and will appear on your Auditor Identification Card and Certificate of Authority as a Food Safety Auditor in Tasmania.

Please print your name below:

.....

Please provide four colour passport photos one of which will be scanned onto your Auditor Identification Card and Certificate of Authority.

### 15. PROTECTING YOUR PRIVACY

Personal information collected and held by the Department may be used in order to provide approval and audit services, administer and manage administration systems, and inform you of our services and requirements. For more information on how we protect your privacy, please contact the Department.

### 16. CHECK YOUR APPLICATION

Please check that you have completed sections of this form and attached the required documentation.

**Please do not provide original copies of any documentation as non-approved applications may be destroyed after a period of 24 months.**

Signed and dated the declaration (Section 17)

Completed the Application Form

- Evidence of relevant tertiary education
- Evidence of HACCP training/qualifications
- Evidence of other qualifications
- Details of audit experience
- Details of food industry experience or expertise
- Signature block (for ID card and Certificate of Authority – Section 14)
- Four colour passport photographs (for ID card and Certificate of Authority – Section 14)
- Audit report form (if you wish to use your own form – Section 11)

## 17. DECLARATION

I, (clearly print full name) .....

being the applicant, apply for approval as a Food Safety Auditor under the Food Act 2003, and confirm that:

- I have read, understood and agree to comply with the RABQSA Code of Conduct for Food Safety Auditors, the NFSA Code of Conduct or an equivalent Code of Conduct (circle the relevant Code or name the equivalent Code here:.....)
- I understand that a 100 point identity check, criminal record, qualifications and client check may be undertaken as part of the application process by the food regulator.
- I have examined the application form and all supporting documents submitted by me. To the best of my knowledge this information is true, correct and complete.
- I understand that the Department may require registered auditors to attend training sessions (such as where major legislative changes occur) from time to time which will be at the auditor's expense.

Signature: ..... Date: .....

### Applications to be sent to:

**The State Manager Environmental Health Services  
GPO Box 125  
HOBART TAS 7001**

**Email: [public.health@dhhs.tas.gov.au](mailto:public.health@dhhs.tas.gov.au)**

**Phone: 03 6222 7728**

**Fax: 03 6222 7407**