

Food Act 2008

Notification/registration form



Primary Producers and Processors of Leafy Vegetables / Melons in a GFSI recognised scheme*

**Business must demonstrate current Global Food Safety Initiative (GFSI) Recognised Scheme certification (e.g. Freshcare, GlobalGap and SQF)*

February 2025

Environmental Health

Proprietor/business details	
Proprietor name (Individual/body corporate/trustee*)	
Postal address	
ABN	
Phone	
Alternative phone	
Email	
Primary language spoken	
Number of fulltime staff	

*If food business is operating under a trust, please write the name of the person who is the trustee.

Premises details	
Trading name	
Address of premises	
Phone	
Email	
Name of person in charge and title	

FOOD ACT 2008 NOTIFICATION/REGISTRATION FORM

Enclose the following records you have made under your GFSI Scheme

Enclosed (tick)	Document	Example of records		
		Freshcare	GlobalGap	SQF
<input type="checkbox"/>	Address of farm/packing sites, Crop, Growing sites	M1 Scope	Annex 1.2 - 1.2 Information on production sites	Part B, 7.1.1.2 Property location records
<input type="checkbox"/>	Overview of primary production and processing steps for each crop.	M1 Flowchart	AF1.1.2 Production and/or agronomic activities	Part B, 2.4.3.6 Food safety plan flow diagram
<input type="checkbox"/>	Map of all production and processing sites: boundaries, buildings/sheds, wastewater systems, growing sites, storage tanks, chemical/fuel storage, waste storage, soil amendment storage area, contaminated areas, etc.	M1 Property Map	AF1.1.1 Site maps	Site maps made under Part B, 7.1 Site requirements
<input type="checkbox"/>	Current GFSI Recognised Scheme Certificate			

Recall contact			
Name			
Phone		Alternative phone	
Email			

Declaration

I, the person making this application, declare that:

- the information contained in this application is true and correct in every particular;
- the required GFSI Scheme records is enclosed (see Part A); and
- the prescribed fee is enclosed with this application (see Part B).

Name			
Signature		Date	
in the case of a company, the signing officer must state position in the company			


The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008* (WA). In accordance with regulation 51 of the *Food Regulations 2009* (WA), certain details (proprietor name, trading name and address details) may be made publicly available.

Registration / Notification fee

Code: **WK0087.84**

Receipt No: _____


Date: _____

 **In person**
(Cash, Cheque, EFTPOS)

Customer Service
Shire Civic Administration Centre
41 Wallcliffe Road
Margaret River

 **Telephone**
(Credit Card only)

Please tick
A Customer Service
Officer will contact you.

 **Post**
(Cheque - made payable to Shire of Augusta
Margaret River)

Shire of Augusta Margaret River
PO Box 61
Margaret River WA 6285