

Health Requirements For Temporary Food Premises



Maribyrnong
CITY COUNCIL

Obtaining a Temporary Food Premises Permit

These requirements are specifically designed for one day events only. Stalls that operate for more than one day or on a weekly basis must seek further approval in writing from the Health Section.

What do I do?

- Step 1.** Download a copy of the **Food Safety Program Template for Food Events** from the internet: <http://www.health.vic.gov.au/foodsafety/templates> or call our office for a copy on 96880325.
- Step 2.** Nominate your Event Coordinator.
- Step 3.** Fill in both sides of Council's application form, refer to the sections you have ticked **yes** on page 2 of the application and put these sections together to make your food safety program. (you must keep this)
- Step 4.** If you have any other information such as training certificates, registration documents with another Council, submit these with your application.
- Step 5.** Attach a fee of \$70.00 made payable to Maribyrnong City Council with your application. (Non for profit groups should call 96880327 for further information). Food businesses registered with Maribyrnong City Council do not need to pay a fee.
- Step 6.** Read all the information carefully and ensure application form is fully completed. Once you have understood all the requirements, sign and date the application form.

Applications must be received 14 days prior to the event.

How do I use my Food Safety Program?

Prior to the event?

- Read and understand the requirements under the relevant sections in your food safety program, in order to set up your temporary food premises correctly.
- Photocopy and distribute all relevant information to people working at the event.
- Complete the food providers list (page 25) of your food safety program.

During the event?

- Complete **Part 1** of the event checklist just before the event (page 26) of your food safety program.
- Complete **Part 2** of the event checklist (page 27) of your food safety program.
- Your food safety program and records should be completed and made available to the Environmental Health Officer.

What if things change?

You will need to review your food safety program and advise the Health Section of any changes should any of the following occur prior to the event:

- Structural alterations to food preparation areas.
- Additional equipment for food preparation is obtained.
- Changes to the types of food or food operations of your organisation.
- Change in the Event Coordinator.

NOTE:

Food stalls that are not set up as proposed in the application form, offer different food products from those listed in the application form or are following practices, which are deemed to pose a risk to public health will be promptly closed.

Failure to submit an application, comply with health requirements and pay the registration fee may result in seizure of food, closure of stall, and/or court action.



Maribyrnong
CITY COUNCIL

Food Act 1984

Application for Registration of a Temporary Food Premises

TAX INVOICE
This Supply is GST free
ABN 86 517 839 961

Event Details

| | | |
|---|--------|------|
| Name of Applicant/Organisation: | | |
| Type of event: | | |
| Location: | | |
| Date(s) of proposed event: | | |
| Time the event begins and ends | Start: | End: |
| Event Coordinator's name: | | |
| Event Coordinator's address: | | |
| Event Coordinator's phone/fax number: | Phone: | Fax: |
| Event Coordinator's mobile number: | | |
| Event Coordinator's email address: | | |
| Name of your Local Council: | | |
| Number of volunteers/staff: | | |
| Name any volunteers/staff who have completed formal Food Safety Training: | | |

I have read all the enclosed information contained in the Health Requirements for Temporary Food Premises and Food Safety Program Template for Community Food Events, and I agree to accept my responsibility under the *Food Act 1984*.
The Event coordinator will supervise all staff/volunteers to ensure compliance with relevant guidelines. I understand that any poor hygiene practices, and non-compliance with relevant guidelines may result in the seizure of any food and the immediate closure of the temporary food premises.

Signed by Event Coordinator:

Date:

| | | |
|-------------------------|--------------|---------------------|
| Temporary Food Premises | Tax Code: 91 | Account No: 1860106 |
|-------------------------|--------------|---------------------|

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| FOOD ACT FEE: \$ 70.00 |
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Privacy Statement

The Information is collected under the requirements of the Food Act 1984 for enforcement and public health purposes It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. The information contained herein will be treated in compliance with the Department of Human Services Privacy Principles and the Information Privacy Act

Office use only

| | | |
|--|---|---|
| All documentation submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of food sold on day: <input type="checkbox"/> Potentially Hazardous <input type="checkbox"/> Packaged | Payment required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non for profit |
|--|---|---|

| | |
|----------------|-----------------------------|
| Date received: | Registration Number: /__ FS |
|----------------|-----------------------------|

What Happens at Your Event?

Answer the following questions. If you answer 'Yes', then you must use the sections indicated. Put these together to make your Food Safety Program.

| QUESTIONS | NO | YES | IF YES, THEN USE THESE SECTION(S) |
|--|----|-----|---|
| Does your organisation have permanent premises for food preparation? | | | Section A Section B |
| Is the event to take place at temporary premises? | | | Section A2 Section B |
| Is food at the event served from a food vehicle? | | | Section A3 Section B |
| Do volunteers prepare food at home for the event? | | | Section B Section C Sections D to G Section K |
| Do you receive food donations from other sources? | | | Section D Section G Section L |
| Do you buy food from established food businesses for events? | | | Section D Section G Section L |
| Do you store, display or serve foods at room temperature? | | | Section C Section H Section I Section J |
| Do you store, display or serve cold foods? | | | Section C Section H Section I Section J Section L |
| Do you store or display frozen foods? | | | Section C Section H Section D Section L |
| Do you thaw frozen food before further preparation? | | | Section E Section J |
| Are ready-to-eat foods (such as salads) prepared before, or at, the event? | | | Section E Section J |
| Is food cooked and cooled before being transported to the event? | | | Section F |
| Are potentially hazardous foods transported to the event? | | | Section K |
| Is food cooked at the event? | | | Section C Section F Section L |
| Is hot food displayed at the event? | | | Section C Section I Section J Section L |

1. Please indicate which of the following you sell directly or will be using as ingredients:

- | | | |
|---|---|--|
| <input type="checkbox"/> milk/milk products | <input type="checkbox"/> chicken, poultry, | <input type="checkbox"/> rice dishes/salads |
| <input type="checkbox"/> egg products | <input type="checkbox"/> fish/fish products | <input type="checkbox"/> meats: hams, salami, etc. |
| <input type="checkbox"/> ice cream | <input type="checkbox"/> shellfish | <input type="checkbox"/> meats: cooked |

2. Please indicate the type of facilities to be provided on site:

- | | | |
|--|---|---|
| <input type="checkbox"/> refrigerators | <input type="checkbox"/> freezers | <input type="checkbox"/> cool box |
| <input type="checkbox"/> oven | <input type="checkbox"/> burners/grill/hotplate | <input type="checkbox"/> bain-marie |
| <input type="checkbox"/> sink | <input type="checkbox"/> wash hand basin | <input type="checkbox"/> water containers |
| <input type="checkbox"/> deep fryer | <input type="checkbox"/> anti-bacterial lotion | <input type="checkbox"/> microwave |

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