



POULTRY (ON FARM) FOOD SAFETY SCHEME APPLICATION FOR ACCREDITATION

This form is to be completed by the owner, manager or principal partner in the business seeking accreditation pursuant to the **Primary Produce (Food Safety Schemes) (Meat) Regulations 2017**. This application must also be completed where a business changes hands or where the business has relocated to another site. Each property where poultry is grown requires separate accreditation.

The completed application along with all the relevant fees and charges are to be returned to:
Administrative Officer, Food Standards Program, GPO Box 1671, ADELAIDE, SA, 5001.

See last page of this application for all fees and charges to be paid.

PERSONAL DETAILS

Please include your contact phone and facsimile numbers and email address, if applicable. Contact with the business will be made through the person nominated on this application.

Name (First Names and Surname)
Position in Business
Phone Number
Mobile Number
Facsimile Number
Email Address

BUSINESS DETAILS

Business Structure ☐ sole trader ☐ partnership ☐ company

Please indicate with a tick the type of business structure

Trust Name or Company Name
Trading Name
Australian Business Number (ABN)
Location of property*
Post Code
Postal Address
Post Code

Note * A separate application is required for each farm where birds are raised

SPECIES OF BIRD RAISED

Please indicate the species of bird raised on the property

Chickens	<input type="checkbox"/>	Quail	<input type="checkbox"/>	Turkey	<input type="checkbox"/>
Duck	<input type="checkbox"/>	Geese	<input type="checkbox"/>	Pheasant	<input type="checkbox"/>
Pigeon	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please indicate the species _____	

Is the poultry grown under contract to a processing company (e.g. Ingham Enterprises) ☐ yes ☐ no

If yes, what is the size in m² of shed space in which poultry is housed? _____ square metres
If more than one shed, the total in m² of **all** sheds are to be included

Are you a non-contract grower** ☐ yes ☐ no

Note** A non-contract grower is a person or business that owns the birds being raised
A contract grower is a person or business that raises birds for a commercial poultry processor. The birds are normally owned by the processor.

MANAGEMENT DETAILS

Please list all persons who manage or control the day to day operation of the business, including all partners in the business, all trustees or principle directors of the company. If more space is required please attach details.

Name (First Names and Surname)
Position in Business (e.g. partner, trustee, director)
Contact Phone or Mobile Number
Residential Address
Post Code

Name (First Names and Surname)
Position in Business (e.g. partner, trustee, director)
Contact Phone or Mobile Number
Residential Address
Post Code

Name (First Names and Surname)
Position in Business (e.g. partner, trustee, director)
Contact Phone or Mobile Number
Residential Address
Post Code

In the last five years, have you, the company, any directors of the company or anyone in a management role been convicted of –

<ul style="list-style-type: none"> An offence against the Primary Produce (Food Safety Schemes) Act 2004, or the Food Act 2001, or any related Commonwealth, Territory or State law 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An offence of dishonesty 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An indictable offence 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify for individual applicants or body corporate applicants	
1. Have you / any director of the body corporate ever committed an offence against <ul style="list-style-type: none"> a. The Act b. The Food Act 2001 c. A law of the Commonwealth or any State or Territory of the Commonwealth that corresponds to any of the above Acts 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you / any director of the body corporate ever committed an offence of dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you /any director of the body corporate or entity which you/ they operate or have operated ever been the subject of any investigation/disciplinary/regulatory or legal process under a regulatory scheme relating to food or food production in South Australia or any other State or Territory of the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to any of the above questions, please provide details of the offence and any penalties imposed. Please attach any relevant supporting documentation <hr/> <hr/>	

FOOD SAFETY ARRANGEMENT

Is the business under any of the following food safety programs?

- ☐ SQF Program ☐ yes ☐ no
- ☐ Other HACCP Based Systems ☐ yes ☐ no

Biosecurity SA Food Safety Program will provide a template and support if you do not have a food safety management statement.

DECLARATION OF APPLICANT

I
of
located at
.....

declare that the particulars set out in this application with all supporting documents are true to the best of my knowledge and belief.

Signature of Applicant

Date

If you require further clarification or assistance in completing the application form please contact the Administrative Officer, Food Standards Program on 8429 0867.

The completed application is to be returned to: **Administrative Officer, Food Standards Program, GPO Box 1671, ADELAIDE, SA, 5001**

FEES AND CHARGES TO ACCOMPANY THIS APPLICATION

An assessment of premises is normally carried out prior to approval of accreditation. The assessment and other audits and/or inspections carried out by the Biosecurity SA Food Standards Program are charged at **\$319.00 per hour**.

Fees and charges to accompany this application

Application Fee	6 and less employees	\$193.00
Application Fee	over 6 employees	\$442.00
Assessment of Premises/Vehicle		To be invoiced

The application fee is to accompany this application. This application does not operate as accreditation. You are reminded that in South Australia it is an offence to carry on the applied for activity without approved accreditation.

Only when the Food Standards Program has received all the relevant fees will the application be processed.

The applicant will be invoiced separately for the annual fee based on the information contained in the application.

PAYING BY VISA OR MASTERCARD

If paying the application fee and initial assessment charge by Visa Card or Mastercard please complete the details below and forward with the application.

☐ Visa ☐ Mastercard (please tick card applicable)

Card Number _____

Expiry Date ____/____

CCS No _____(the three digit number on the reverse side of the card)

Cardholder's Name (as shown on the card) _____

Cardholder's Signature _____

PIRSA BANKING DETAILS

The applicant can use their bank's facilities to make an electronic funds transfer (EFT) from their bank account directly into the PIRSA bank account.

Various bank's electronic funds transfer facilities offer one or two short description fields to convey information from the customer to PIRSA. If the applicant provides insufficient or ambiguous descriptive information with their EFT payment, then PIRSA will have difficulty in allocating the money correctly. Please quote enough information to match the EFT with this application.

Bank Australia and New Zealand Banking Group (ANZ)
BSB 015-101
Account 838531884
Account Name PIRSA Collection Account
In Reference Please include your name and "Application Fee"
Please attach the remittance to this application.