

## PRIMARY PRODUCE (FOOD SAFETY SCHEMES) ACT 2004



Government of South Australia

Department of Primary Industries  
and RegionsEGG FOOD SAFETY SCHEME  
APPLICATION FOR ACCREDITATION

This form is to be completed and signed by the owner, manager or the principal partner in the business seeking accreditation pursuant to the **Primary Produce (Food Safety Schemes) (Egg) Regulations 2012**. This application must also be completed where a business changes hands or where the business has relocated to another site.

The completed application together with the applicable fee should be returned to:

**Administrative Officer, Food Standards Program, GPO Box 1671, ADELAIDE, SA, 5001.**

**See the 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
Contact Phone Number
Mobile number
Email Address

## BUSINESS DETAILS

Business Structure ☐ sole trader ☐ partnership ☐ trust ☐ company

Please indicate with a tick the type of business structure

Trust Name or Company Name
Trading Name
Australian Business Number (ABN)
Postal Address
Post Code

## SITE OF OPERATION(S)

Please include the site addresses of the egg production facility and the activities undertaken at the site.

SITE 1

Activity ☐ caged ☐ banded ☐ free range ☐ grading (ie detecting cracks) ☐ washing

Please tick the appropriate boxes

Location of Facility

SITE 2

Activity ☐ caged ☐ banded ☐ free range ☐ grading (ie detecting cracks) ☐ washing

Location of Facility

SITE 3

Activity ☐ caged ☐ banded ☐ free range ☐ grading (ie detecting cracks) ☐ washing

Location of Facility

What is the maximum number of laying birds stocked by the business in the last 12 months? \_\_\_\_\_ laying birds

**SPECIES OF BIRDS**

Please indicated the types of laying birds used by the business

☐ chicken    ☐ quail    ☐ duck    ☐ other    Please state \_\_\_\_\_

### 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)
Postal Address
Post Code

Name (First Names and Surname)
Position in Business (e.g. partner, trustee, director)
Postal Address
Post Code

Name (First Names and Surname)
Position in Business (e.g. partner, trustee, director)
Postal 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 –**

• 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
• An offence of dishonesty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. The Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. The Food Act 2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
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		

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.

## FEES AND CHARGES TO ACCOMPANY THIS APPLICATION

An assessment of premises is normally carried out prior to approval of accreditation and is covered in the application fee. Other audits and/or inspections of your operation carried out by the Biosecurity SA Food Standards Program is charged at **\$319.00 per hour**.

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

Fees and charges to accompany this application

**Application Fee** **\$588.00**

***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.**