

PRIMARY PRODUCE (FOOD SAFETY SCHEMES) ACT 2004  
**SEED SPROUTS FOOD SAFETY SCHEME**  
**APPLICATION FOR ACCREDITATION**



Government of South Australia

Department of Primary Industries  
and Regions

This form is to be completed by business owner seeking accreditation under the **Primary Produce (Food Safety Schemes) (Plant Products) Regulations 2010** that establishes the Seed Sprouts Food Safety Scheme. The completed application should be returned to the Administrative Officer, PIRSA Biosecurity - Food Standards Program, Department of Primary Industries and Regions (PIRSA), GPO Box 1671, ADELAIDE SA 5001.

The application must be accompanied with the **applicable annual fee of \$428.00**

### PERSONAL DETAILS

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

Name (First Name and Surname)	
Position in Company / Business	
Contact Phone Number	
Mobile Number	
Facsimile Number	
Email Address	

### COMPANY DETAILS

All correspondence will be sent to the postal address listed in your application

Company Name (if applicable)		ABN
Trading Name of Business		
Location of Premises		
		Post Code
Postal Address		
		Post Code

### MANAGEMENT DETAILS

Please list all persons who manage or control the day-to-day operations of the business, including all the principal directors of the company or partners in the business. If more space is required please attach to this application.

Name (First Name and Surname)		
Position in Company/Business		
Residential Address		
		Post Code

Name (First Name and Surname)		
Position in Company/Business		
Residential Address		
		Post Code

Name (First Name and Surname)		
Position in Company/Business		
Residential Address		
		Post Code

**PRODUCTION VARIETY**

Please list the type of young seedling that are grown by the business eg. Alfalfa, mung beans, etc.


**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		

**FOOD SAFETY ARRANGEMENT**

Is the operation under any of the following food safety programs

SQF 2000 Quality Assurance program

☐ Yes

Codex HACCP program eg SGS or SAI Global

☐ Yes

Other HACCP based system

☐ Yes

PIRSA will provide a template and support if you do not have a Food Safety Program.

Date of last audit \_\_\_\_\_ (if audits have been conducted)

NB: To verify this please provide a copy of your last audit report.

Please provide the name of the company auditing your Food Safety Program (if applicable)

Name of Audit Company \_\_\_\_\_

DECLARATION OF APPLICANT

I, \_\_\_\_\_

of \_\_\_\_\_

located at \_\_\_\_\_  
\_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The completed application should be forwarded with the **applicable fee of \$428.00<sup>1</sup>** to –

***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.**