**Food Safety – Appointment of Food Safety Supervisor**

I appoint <INSERT FULL NAME>

 to a Food Safety Supervisor at < INSERT NAME OF SERVICE >

and declare that that this person:

* **oversee food handling and manage the day-to-day food handling operations at our service.**
* **be available to advise, train and supervise any food handlers while they are handling unpackaged potentially hazardous food to be served (this means they work on-site most of the time and can be contacted by phone when they are not physically at the service). Note, for short absences (e.g., up to 30 days) we do not need to appoint another supervisor if the proper systems for food handling are in place (e.g., prior training of staff, instructions, checklists, written procedures/signage/posters)**
* **be responsible for ensuring that our service is handling food safely, and in accordance with the Food Safety Standards, so that food that is unsafe to eat is not served to children at our service.**
* **Complete required certification.**

Signature

Print Full Name

Approved Provider /Nominated Supervisor (Delete title which does not apply)

Date

I accept being placed as the Food Safety Supervisor and will always uphold the National Law and Regulations, and the policies, procedures, philosophy and Code of Conduct of the service.

Signature

Print Full Name

Date