# Food Act 2008 Regulatory Food Safety Audit Report

**Section 102 Approved Form**

**Version 03: December 2023**

*Completed report is to be submitted by the RFSA to the appropriate enforcement agency within 21 days of audit being completed and to the food business proprietor*.

|  |  |  |
| --- | --- | --- |
| **Section A: Food Business Details** | | |
| **Registered Trading Name of Food Business** |  | |
| **Proprietor Name** |  | |
| **Business Address** |  | |
| **Tel:** | **Email:** |
| **ABN** | **ACN** |
| **Description and type of business** |  | |
| **Priority Classification** |  | |
| **Address of premises where audit performed** |  | |
| **Responsible person for food business premises audited** | **Name** | |
| **Position** | |
| **Email Phone** | |
| **Enforcement Agency** |  | |
| **Audit scope *(e.g. receival, storage, preparation, cooking, pasteurisation, cook fresh with rapid cooling, cooling, texture modification, chilling, cook-chill, reheating, hot and cold holding, transport/distribution etc.)*** |  | |

|  |  |  |
| --- | --- | --- |
| **Section B: Auditor Details** | | |
| **Name** |  | |
| **Contact details** | **Mobile:**  **Email:** | **Work address** |
| **Approval scope and expiry date** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section C: Audit Details** | | | | | |
| **Is this the first audit?** | Yes/No | | If ‘No’, date of previous audit | | |
| **Review of previous audit report conducted under Part 8 of the Food Act/ enforcement agencyregulatory assessment report/regulatory action** (conducted under Part 6 of the Food Act e.g. section 63 improvement notice) | | Are there outstanding issues? *please detail* | | | |
| **Date/s of Audit (and if applicable follow up)** | Start time | | | Finish time | Time off site (desktop audit / reporting) |
| Total time |

|  |  |
| --- | --- |
| **Section D: Regulatory Food Safety Auditor Summary**  Following completion of the regulatory food safety audit, I am of the opinion that: | |
| **The food business is being carried on in compliance with the requirements of the following where appropriate:**  **Standard 3.2.1 Food Safety Programs**   |  |  |  | | --- | --- | --- | | YES | **NO** | **Non-compliances (number)  *Critical Non-compliances (number)*  *(if critical non-compliance provide details on ‘Notification of Critical non-compliance form’)***  **observations\*** |   **Standard 4.2.4 Primary Production and Processing Standard for Dairy Products**  *\*Note: Under regulation 8 of the Food Regulations 2009 Clause 15 of Std 4.2.4 does not apply to goats milk*   |  |  |  | | --- | --- | --- | | YES | **NO**  **N/A** | **Non-compliances (number)  *Critical Non-compliances (number)*  *(if critical non-compliance provide details on ‘Notification of Critical non-compliance form’)***  **observations\*** |   **Standard 3.2.2 Food Safety Practices and General Requirements (for premises where Standard 3.3.1 or Standard 4.2.4 Division 4 applies)**   |  |  |  | | --- | --- | --- | | YES | **NO** | **Non-compliances (number)  *Critical Non-compliances (number)*  *(if critical non-compliance provide details on ‘Notification of Critical non-compliance form’)***  **observations\*** |   **Standard 3.2.2A Food Safety Management Tools**   |  |  |  | | --- | --- | --- | | YES | **NO** | **Non-compliances (number)  *Critical Non-compliances (number)*  *(if critical non-compliance provide details on ‘Notification of Critical non-compliance form’)***  **observations\*** |   **Standard 3.2.3 Food Premises and Equipment (for premises where Standard 3.3.1 or Standard 4.2.4 Division 4 applies)**   |  |  |  | | --- | --- | --- | | YES | **NO** | **Non-compliances (number)  *Critical Non-compliances (number)*  *(if critical non-compliance provide details on ‘Notification of Critical non-compliance form’)***  **observations\*** |   ***FOOD BUSINESSES MUST ENSURE THEY PROVIDE CLEAR OBJECTIVE EVIDENCE OF CORRECTIVE ACTIONS TO THE RFSA* (WITHIN 14 DAYS AFTER THE COMPLETION OF THE AUDIT*) TO ENABLE THE RFSA TO ASSESS CORRECTIVE ACTIONS AND REPORT NON-COMPLIANCES TO THE ENFORCEMENT AGENCY* WITHIN 21 DAYS.\***observations (e.g. work already in progress, highlighting issues likely to become a problem in the future) |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section D: Regulatory Food Safety Auditor Summary**  Following completion of the regulatory food safety audit, I am of the opinion that: | | | | | | | | | |
| **If No – details of non-compliance** | | | | | | | | |
|  | | | | | | **Food Safety Standards/ Standard 4.2.4/ FSP Reference** | | |
| **Section E: Audit Findings and non-Compliance Register** | | | | | | | |
| **Reference Number**  (FSP or FSS, or Standard 4.2.4) | **Activity audited**  (Receiving, Storage, Preparation, Cooking, Cooling, rethermalisation, hot and cold Holding, Transport, Display, Serving, post service collection waste management, Cleaning, Dishwashing, Support Programs, Training, Food Recall and Records etc.) | | **Compliant**  Y/N  Observations | **Evidence/reasons for compliance or details of non-compliance**  (Identify positive aspects of the audit as well as non-compliances) | | | |
|  |  | |  |  | | | |
| **Section F: Management of non-compliances**  Actions taken/agreed to be undertaken by the food business to remedy any identified non-compliances | | | | | | | | |
| **NON-COMPLIANCE OBSERVED** | | **CORRECTIVE ACTION**  Action taken or proposed to be taken for each non-compliance | | | **CLOSE OUT DATE** | | **EVIDENCE SIGHTED** | |
|  | |  | | |  | |  | |
| **Section G: Auditor Conclusion, Recommendations and Declaration** | | | | | | | | |
| **Overall, the performance of the business in the audit has been assessed as:**  *Refer to Table 3 for detailed explanation of categories*  **High Performance  Successful  Marginal  Unsuccessful  Incomplete** | | | | | | | | |
| **As such, determine that the audit frequency of the food business should be changed:**  **YES  NO**  **New audit frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This is an: INCREASE / DECREASE** *(please circle one)*  This determination is made with regard to the compliance history of the food business concerned in relation to its FSP and the requirements of the Food Safety Standards. | | | | | | | | |
| **If yes, provide details on the determination of the audit frequency change:** | | | | | | | | |

|  |  |
| --- | --- |
| To enable a decision to be made on the performance of the food business’ food safety program and implementation, the RFSA confirms that (tick as appropriate):  I have reviewed records and food safety system documents  I challenged staff competence, skills and knowledge  I reviewed food production and service (if applicable) during the audit process  I reviewed facilities and work practises in accordance with the standards  In addition, as an RFSA I acknowledge and affirm the following:   * I have no conflict of interest with the auditee at this time that has not been declared to the Department of Health * The audit report reflects accurately my review of the audited site and practices performed at the time and date of the report. * The contents of this review shall remain confidential to the extent permitted by law.   **RFSA Signature:**  **RFSA Name:** | |
| **Signature of responsible person for food business premises audited:** | **Date:** |
| **This form must be forwarded to the appropriate enforcement agency within 21 days after the completion of the audit** | |

Approved and signed

Dr Michael Lindsay

**EXECUTIVE DIRECTOR**

**ENVIRONMENTAL HEALTH DIRECTOR**

Public and Aboriginal Health Division

As the Delegate of the Chief Executive Officer