Management of food safety in Hospital and Health Service facilities: Guideline
Preface

In Australia, an estimated 5.4 million cases of food borne illness occur annually, costing an estimated $1.2 billion. Many instances of food borne illness are preventable meaning that there is potential to reduce the incidence, cost and burden of illness associated with unsafe food.

Food borne illnesses constitute a public health issue. Unsafe food can cause many acute and life long diseases, and in some instances death. Vulnerable persons, such as the elderly, young children and infants, pregnant women, and the immunocompromised, are at higher risk of a food borne illness.

The main objective of food safety regulation is to protect public health and safety by ensuring that food is safe and suitable for human consumption. Providing a framework for monitoring and guidance is necessary to ensure desirable and required levels of food safety, based on well considered risk assessment and risk management, are achieved.

It is important that food businesses manage food safety so that:

- food is safe and suitable for human consumption
- only suitable premises are used for handling food
- consumers can be confident in the safety and suitability of food

These outcomes are supported by the requirements in the Food Act 2006 and the Australia New Zealand Food Standards Code (the Code). The requirements in the Code are the minimum standards that are expected of private sector food businesses in Queensland and both private and public sector food businesses throughout Australia.

This guideline provides information for Hospital and Health Services to assist in achieving equivalence with requirements that apply to their private sector counterparts, and supports the implementation of the mandatory requirements in the Food and Nutrition Safety Directive.
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Introduction
This guideline outlines the requirements relating to Hospital and Health Service (HHS) food service facilities in accordance with the Food and Nutrition Safety Health Service Directive (the Directive). The Directive contains mandatory outcomes to be achieved and enables HHSs to develop procedures that suit individual needs and service delivery. The guideline describes the processes that will assist HHS food services facilities to comply with requirements to protect public health and safety and provide food that is safe and suitable for human consumption.

Please note that this guideline does not apply to a food business located within a HHS facility that is not operated by the HHS, that is, it is operated by a private business/person e.g. a café leased by a private business or a kiosk operated by a community group. A private food business located within a HHS facility is subject to the Food Act 2006 and the relevant local government is responsible for regulating food safety for the business.

1 – Background
The Food Act 2006 applies to food businesses in Queensland; however the Act does not bind the state or government owned corporations, which includes HHS food service facilities. In order to ensure HHSs produce safe and suitable food, they are required to meet the requirements consistent with those contained in the Food Act 2006 and the Australia New Zealand Food Standards Code. Accountabilities are equivalent to all food businesses in Queensland. The Directive sets the outcomes expected and the Department of Health has a role in assuring safety requirements are met. Therefore, the requirements in the Directive and this guideline are consistent with those contained in the Food Act 2006.

A list of resource documents is in Appendix A. Definitions of terms and abbreviations used throughout this document are in Appendix B.
2 – Roles and responsibilities

2.1 Department of Health
The Department of Health in its role as system manager (the Department) regulates food safety requirements in HHS facilities. The Department is responsible for:

- monitoring and managing compliance with the Directive and this guideline
- investigating complaints
- approving auditors and maintaining a register of auditors
- accrediting food safety programs and setting audit frequencies
- managing audit reports and following-up critical non-compliances
- undertaking check audits and managing non-conformance audits

The Department may also:
- investigate reported non-compliances
- liaise with auditors concerning audit compliance matters
- conduct audits

2.2 Hospital and Health Services
A HHS is responsible for meeting the requirements of the Directive and this guideline. A HHS may choose to delegate particular items to specific persons or positions within their HHS, such as the food service manager.

A HHS is responsible for:
- implementing food safety requirements to achieve compliance with the food standards code and Department approved guidelines, protocols and procedures
- monitoring and managing compliance with the Directive and this guideline
- investigating complaints
- providing for adequate design, construction and maintenance of food service facilities
- providing staff training
- providing adequate food labelling
- nominating a food safety supervisor(s)
- developing and reviewing a food safety program(s)
- implementing and complying with the accredited food safety program
- arranging for audits of the accredited food safety program in accordance with the set frequency
- taking action to remedy non-compliances identified during an audit
- complying with the requirements identified in this guideline

2.3 Food safety supervisors
A food safety supervisor takes a lead role in supervising food safety in the food service facility. A food safety supervisor must be ‘reasonably available’ at all times the facility is operating and:

- know how to recognise, prevent and alleviate food safety hazards of the food service facility
- have skills and knowledge in matters relating to food safety relevant to the food service facility
- have the authority to supervise and give directions about matters relating to food safety to persons who handle food in the food service facility

2.4 Auditors
Auditors are responsible for carrying out audits and reporting on audit outcomes. Auditors have functions to:

- advise the Department about the accreditation of food safety programs
- conduct audits of accredited food safety programs
- prepare and submit reports of audits conducted by the auditor
- Give the Department requested information about audits conducted by the auditor.

Auditors must also:
- Comply with the conditions of their approval.
- Comply with the Code of conduct for approved auditors - *Food Act 2006*.
- Submit audit reports to the HHS and the Department.
- Notify both the HHS and the Department of a critical non-compliance.

An auditor must be approved by the Department.
3 – Class categories & requirements

All HHS food service facilities have a fundamental responsibility to ensure that the food they provide is safe and suitable. The requirements that apply to each food service facility within a HHS are determined by the type of food being handled, and the number and type of customers of the food service facility. If required, the Department may provide assistance in determining the Class for a specific food service facility.

3.1 Class 1

A food service facility is a Class 1 if it only provides the following:
- whole fruit or vegetables
- drinks such as tea, coffee, cordial, milk, Milo or juice
- confectionary, corn chips, potato chips, nuts
- dried or glazed fruit
- biscuits, slices or cakes that are not potentially hazardous (i.e. they do not contain fresh custard or cream and are shelf stable e.g. carrot cake, Anzac biscuits, blueberry muffins)
- food that is packaged (received from the supplier in individual portions and not opened by the facility)

These foods are considered low risk.

Due to the low risk these activities pose, Class 1 food service facilities will not be subject to routine external supervision or monitoring. However, Class 1 food service facilities must still meet their fundamental responsibilities in relation to handling and selling safe and suitable food as follows:

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>Guideline reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure premises are constructed and maintained to comply with food safety standard 3.2.3</td>
<td>Section 4</td>
</tr>
<tr>
<td>Ensure that food sold is safe and suitable by complying with food safety standard 3.2.2</td>
<td>Section 5</td>
</tr>
<tr>
<td>Ensure that food is labelled in accordance with the food standards code</td>
<td>Section 6</td>
</tr>
</tbody>
</table>

A Class 1 food service facility may decide to voluntarily comply with the requirements of either Class 2 or Class 3 food service facilities. For example, a Class 1 food service facility may decide to appoint a person as a food safety supervisor.

3.2 Class 2

A food service facility is a Class 2 if it:
- provides unpackaged food to patients, staff or the public, other than food identified as Class 1
- produces or packages food for distribution

Class 2 food service facilities pose sufficient risk to require routine supervision and monitoring. Class 2 food service facilities must:

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>Guideline reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit plans for any new or refurbished premises to the Department for approval and ensure all premises are constructed and maintained to comply with food safety standard 3.2.3</td>
<td>Section 4</td>
</tr>
<tr>
<td>Ensure that food sold is safe and suitable by complying with food safety standard 3.2.2</td>
<td>Section 5</td>
</tr>
<tr>
<td>Ensure that food is labelled in accordance with the food standards code</td>
<td>Section 6</td>
</tr>
<tr>
<td>Nominate at least one food safety supervisor and notify the Department of the food safety supervisor’s details</td>
<td>Section 8</td>
</tr>
</tbody>
</table>
A Class 2 food service facility may decide to voluntarily comply with the requirements of Class 3 food service facilities. For example, a Class 2 food service facility may decide to develop and implement a food safety program and have that program accredited and audited.

### 3.3 Class 3

A food service facility is a Class 3 if it meets the requirements of a Class 2 facility and it:
- provides potentially hazardous food to six or more in-patients in a hospital or palliative care facility
- provides potentially hazardous food to six or more patients at a day hospital that provides haemodialysis or cytotoxic infusion health services
- provides potentially hazardous food to six or more residents in an aged care facility
- provides potentially hazardous food to six or more aged persons attending a day facility that provides respite care, or rehabilitative or therapeutic treatment
- provides potentially hazardous food to six or more children, other than school age children
- processes ready-to-eat food that includes potentially hazardous food that is for delivery by a delivered meals organisation (e.g. Meals on Wheels)
- conducts off-site catering (see Appendix B for definition)
- conducts on-site catering (see Appendix B for definition)

Class 3 food service facilities pose sufficient risk to require a higher level of supervision and monitoring. Class 3 food service facilities must:

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>Guideline reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit plans for any new or refurbished premises to the Department for approval and ensure all premises are constructed and maintained to comply with food safety standard 3.2.3</td>
<td>Section 4</td>
</tr>
<tr>
<td>Ensure that food sold is safe and suitable by complying with food safety standard 3.2.2</td>
<td>Section 5</td>
</tr>
<tr>
<td>Ensure that food is labelled in accordance with the food standards code</td>
<td>Section 6</td>
</tr>
<tr>
<td>Nominate at least one food safety supervisor and notify the Department of the food safety supervisor’s details</td>
<td>Section 8</td>
</tr>
<tr>
<td>Implement a food safety program accredited by the Department</td>
<td>Section 9</td>
</tr>
<tr>
<td>Comply with the accredited food safety program</td>
<td>Sections 9 &amp; 10</td>
</tr>
<tr>
<td>Arrange audits of the food safety program</td>
<td>Section 10</td>
</tr>
</tbody>
</table>
4 – Design, construction & maintenance of premises

A HHS is responsible for ensuring that all food service facilities comply with the requirements of the food standards code. Food safety standard 3.2.3 *Food premises and equipment* (see Appendix A) sets out requirements for food premises and equipment that, if complied with, will facilitate compliance with the food safety requirements of standard 3.2.2 *Food safety practices and general requirements*.

The standard aims to ensure that, where possible, the layout of the premises minimises opportunities for food contamination. A HHS is required to ensure that a food service facility’s premises, fixtures, fittings and equipment are designed and constructed to be easily and effectively cleaned and, where necessary, sanitised. Premises are to be provided with the necessary services of water, waste disposal, light, ventilation, cleaning and personal hygiene facilities, storage space and access to toilets.

It is recommended that each food service facility obtain a copy of standard 3.2.3 and be familiar with its requirements. Guidance on interpreting the standard is available in *Safe Food Australia* published by Food Standards Australia New Zealand (FSANZ). Further information on complying with the standard is also available in Australian Standard AS4674-2004 *Design, construction and fit-out of food premises* (see Appendix A). Guidance on food safety standard requirements may also be provided by HHS environmental health staff.

4.1 Plans and approvals

A HHS is responsible for ensuring when planning, designing and fitting out new or renovated food service facilities that fixtures, fittings and equipment comply with food safety standard 3.2.3. This includes ensuring that they are sufficient for the production of safe and suitable food; fit for their intended use; designed, constructed, located or installed so that there is no likelihood that they will cause food contamination; able to be easily and effectively cleaned; unable to provide harbourage for pests; unable to absorb grease, food particles and water; and made of material that will not contaminate food.

Before commencing any construction, plans should be developed and preliminary advice and assistance may be provided by environmental health staff in the HHS. Issues identified by environmental health staff should be addressed and new plans developed if necessary. Copies of final plans must be submitted to the Department for assessment by a person approved by the Department. Construction must not commence prior to confirmation from the Department that the plans are appropriate. For details of plans required, please contact the Department.

4.2 Maintenance

In accordance with food safety standard 3.2.2 regular maintenance is essential to ensure the premises, fixtures, fittings and equipment are maintained in a good state of repair and working order, so as not to compromise food safety and suitability. A ‘good state of repair’ means that items are not broken, split, chipped, worn out, etc, and ‘working order’ means that items must work.

A food service facility’s fixtures, fittings and equipment need to be properly maintained to:

- prevent possible contamination of food, such as from flaking plaster, paint, leaking pipes, etc
- enable effective cleaning and, if necessary, sanitising
- ensure pests do not gain access to the building, such as from holes in ceilings, walls, etc
- ensure that equipment works as intended
- ensure any chipped, broken or cracked eating or drinking utensils are not used

Fixtures and fittings include, but are not limited to, benches, shelves, sinks, hand wash basins, cupboards, light fittings, ventilation ducts and pipes. Equipment is all equipment used in handling food as well as equipment used to clean the food service facility, and includes items such as refrigerators, cool rooms, bain-marie units, cooking and other processing equipment, thermometers, dishwashers, brooms, mops, buckets and hoses.
5 – Food safety & hygiene

A HHS is responsible for ensuring that all food service facilities comply with the requirements of the food standards code. Food safety standard 3.2.2 *Food safety practices and general requirements* (see Appendix A) sets out specific requirements for food service facilities and food handlers that, if complied with, will ensure food does not become unsafe or unsuitable.

The standard specifies process control requirements to be satisfied at each step of the food handling process. Some requirements relate to the receipt, storage, processing, display, packaging, distribution, disposal and recall of food. Other requirements relate to the skills and knowledge of food handlers and their supervisors, the health and hygiene of food handlers, and the cleaning, sanitising and maintenance of premises and equipment.

It is recommended that each food service facility obtain a copy of standard 3.2.2 and be familiar with its requirements. Guidance on interpreting the standard is available in *Safe Food Australia* published by Food Standards Australia New Zealand (see Appendix A). Guidance on food safety standard requirements may also be provided by HHS environmental health staff.

### 5.1 Training

There are obligations on all HHS food service facilities and food handlers in relation to the safe handling of food. A HHS is responsible for ensuring that all persons undertaking or supervising food handling have skills and knowledge in food safety and hygiene appropriate to the work they do.

There are a number of options to ensure that this obligation is met. These include:

- ‘on the job’ training by other staff
- ‘in house’ training by other staff
- providing written food safety and food hygiene information
- recruiting staff with formal industry based training qualifications
- facilitating external training

Class 3 food service facilities may also have training requirements in their accredited food safety program.

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**Example**

A chef that prepares and processes food will need high level skills and knowledge in food safety and food hygiene; however a food service assistant that only handles packaged or ready-to-eat food may require a lower level of skills and knowledge.

The skills and knowledge requirement is in addition to the requirement for a HHS food service facility to have a food safety supervisor (detailed in Section 8).
6 – Labelling

All HHS food service facilities are required to label food in compliance with the requirements of the food standards code. Some labelling and information requirements are relevant to all foods, and others apply to specific food products only.

Specific information on how to comply with labelling requirements is in Label Buster: A guide to the Food Standards Code labelling requirements for food businesses (see Appendix A). Label Buster contains an easy reference to the labelling standards of the food standards code and will assist HHS food service facilities to comply with the labelling requirements. Guidance on labelling may also be provided by HHS environmental health staff.

The label on a package of food must not be altered, removed, erased, obliterated or obscured except with the permission of the Department. All required words, statements or expressions must be in English and be set out legibly, prominently and in a colour distinct to the background. Information in other languages in addition to the English information is permitted provided it does not negate or contradict the English information.

6.1 Do I need to label food?

The labelling and information requirements that apply to each food service facility depend on the type of consumer and whether food is packaged. This will determine which labelling requirements or exemptions apply, and how the required information can be provided.

Each food service facility may be handling or processing food that fits into more than one category discussed below and each food item must be labelled according to its use. All food service facilities, regardless of the category of food they provide or their Class, are required to provide specific mandatory information for reasons of health and safety.

Serving food to patients/residents

Food service facilities that prepare and serve food in hospitals, aged care facilities, hospices, etc are exempt from providing full labelling. However, these facilities must be able to provide mandatory information on the request of a consumer. Specific details on the mandatory information are provided in Label Buster.

Example

A food service facility prepares food, puts the food on plates, covers the food, delivers the food to the ward and provides the food to patients. This is food prepared and served in a hospital.

Serving food to public/HHS employees

Food for retail sale includes food at the point at which it is for sale to the consumer of the food. Food for retail sale also includes food at the time it is manufactured or otherwise prepared or distributed, where it is intended that no further processing, packaging or labelling will occur prior to sale to the consumer of the food.

Food service facilities that prepare and serve food to the public or HHS employees are considered to be undertaking retail sale of food. All food for retail sale (other than specific exemptions) must be fully labelled, including providing mandatory information. Specific details on the requirements, exemptions and mandatory information are provided in Label Buster.
A food service facility buys cheese in bulk from a supplier. The HHS food service facility then cuts the cheese into smaller pieces, packages them in clear wrap and displays them in a refrigerated service assisted display cabinet to sell to their customers. This is food for retail sale.

Receiving food
Food supplied to food service facilities that is packaged and will not undergo further preparation is considered to be food for retail sale. Food for retail sale must bear a label setting out certain information.

A supplier delivers pre-packaged sandwiches in clear plastic containers to a food service facility. The food service facility sells the sandwiches in the same state that they were delivered from a self-serve buffet in one of its outlets. The sandwiches are food for retail sale.

Food supplied to food service facilities that will undergo further preparation is considered to be food for catering purposes. Food for catering purposes must bear a label setting out certain information, or the information may be provided in document form rather than as a label.

A supplier delivers loaves of wrapped bread to a food service facility. The food service facility uses the bread to make sandwiches. When the bread is delivered it is food for catering purposes.

Food received by food service facilities should be checked to ensure that the appropriate label or information is provided to ensure that the food service facility can comply with subsequent labelling requirements for food for retail sale or intra company transfers.

Transfer between food service facilities
Transferring food between food service facilities is considered to be an intra company transfer. The food standards code defines an intra company transfer as a transfer of food between elements of a single company, between subsidiaries of a parent company or between subsidiaries of a parent company and the parent company.

Limited information is required for labelling food for an intra company transfer. Specific details on the requirements are provided in Label Buster. While only limited information must be provided, the food service facility may request from the supplier any information necessary for the HHS to meet their obligations for labelling under the food standards code.

A food service facility makes pies and boxes them to be transferred and sold unpackaged from one of its retail outlets. The pies are food for intra company transfer and the box is required to bear a label or provide documentation accompanying the food. If the pies are individually packaged by the food service facility, they are food for retail sale and information or labels must be provided to ensure they are labelled suitable for retail sale.
7 – Complaints

Complaints regarding food service facilities may relate to food safety or food quality. Food safety includes those obligations set out in the food standards code and this guideline, for example, protection from chemical, physical or microbial contamination. Conversely, food quality includes, for example, appearance, texture and taste. Complaints may initially be received by the HHS or by the Department.

7.1 Complaints received by HHS

Complaints received by a HHS may be received by the food service facility or by environmental health staff.

Complaints relating to food quality only may be managed by the food service facility as they do not relate to the food standards code.

If a HHS receives a complaint relating to food safety the HHS is required to:

- record the details of the complaint and the complainant
- where the complaint is received by the food service facility, notify environmental health staff in the HHS of the details of the complaint as soon as practicable (and not more than 24 hours after receiving the complaint)
- assess, investigate and finalise the complaint using both food services and environmental health staff as appropriate

Environmental health staff must comply with relevant food complaint guidelines, protocols, procedures or other documents approved by Department.

7.2 Complaints received by the Department

Complaints relating to food quality will be referred to the food service facility as they do not relate to the food standards code.

If the Department receives a complaint relating to food safety in a HHS food service facility the Department will:

- record the details of the complaint and the complainant
- conduct an initial assessment
- refer the complaint to the HHS where appropriate

The HHS is responsible for managing a complaint referred by the Department in accordance with Section 7.1.
8 – Food safety supervisors

All Class 2 and Class 3 food service facilities are required to have at least one food safety supervisor (FSS). The purpose of having a FSS is to improve the safety and suitability of food provided to consumers by having a suitably trained person capable of recognising, preventing and alleviating the hazards associated with handling food and to train staff to provide relevant skills and knowledge in food safety and hygiene. All food service facilities that require a FSS are required to provide certain information regarding the FSS to the Department.

8.1 What is a food safety supervisor?

A FSS, for a food service facility, means a person who:

- knows how to recognise, prevent and alleviate food safety hazards of the food service facility
- has skills and knowledge in matters relating to food safety relevant to the food service facility
- has the authority to supervise and give directions about matters relating to food safety to persons who handle food in the food service facility
- is reasonably available to be contacted by the Department and persons who handle food while the food service facility is operating

8.2 Who can be a food safety supervisor?

A FSS must meet the requirements detailed in Section 8.1. The person must know about food safety hazards, have skills and knowledge relating to food safety, have authority to give directions in the food service facility and be reasonably available for food handlers and the Department. Anyone who meets those requirements may be a food safety supervisor, including the HHS food service facility manager, a food service employee, an environmental health employee or an external contractor.

8.3 Does a food safety supervisor need training?

It is recommended that a person successfully completes training to demonstrate satisfaction of the skills and knowledge requirements of a food safety supervisor. A person who has a Statement of Attainment issued by a Registered Training Organisation (RTO) for the national competencies identified in Table 8.1 is likely to satisfy those points.

A Statement of Attainment from an RTO may be issued to a person following successful completion of a training course, or successful demonstration to the RTO that the person has existing skills, experience or training to meet the national competencies. If a person has previously completed a national competency shown in Table 8.1, there is currently no requirement to renew the training after a set period of time.

Table 8.1 - Recommended competency standards for food safety supervisors

<table>
<thead>
<tr>
<th>Food sector</th>
<th>National competency code</th>
<th>Competency title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food processing</td>
<td>FDFFS2001A (or FDFCORFSY2A)</td>
<td>Implement the food safety program &amp; procedures</td>
</tr>
<tr>
<td>Retail &amp; hospitalit</td>
<td>SITXFS1A01</td>
<td>Use hygienic practices for food safety</td>
</tr>
<tr>
<td>or</td>
<td>SITXFS201</td>
<td>Participate in safe food handling practices</td>
</tr>
<tr>
<td>Health &amp; community services</td>
<td>HLTFS207C</td>
<td>Follow basic food safety practices</td>
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<tr>
<td></td>
<td>HLTFS309C</td>
<td>Oversee the day-to-day implementation of food safety in the workplace</td>
</tr>
<tr>
<td></td>
<td>HLTFS310C</td>
<td>Apply &amp; monitor food safety requirements</td>
</tr>
<tr>
<td>Transport &amp; distribution</td>
<td>SITXFS1A01</td>
<td>Use hygienic practices for food safety</td>
</tr>
<tr>
<td></td>
<td>SITXFS201</td>
<td>Participate in safe food handling practices</td>
</tr>
</tbody>
</table>
How do I determine the food sector for a food service facility?
When determining the food sector for a food service facility, consideration should be given to the predominant activity of the food service facility.

- **Food processing** includes food service facilities that manufacture food, but do not serve food
- **Retail & hospitality** includes food service facilities that prepare and sell food by retail
- **Health & community services** includes food service facilities that prepare and serve or sell food for consumption by vulnerable persons
- **Transport & distribution** includes food service facilities that do not prepare food, but handle food by storing food in warehouses or transporting food

Examples of the types of food service facilities in each food sector are shown in Table 8.2.

Table 8.2 – Examples of food service facilities for each food sector

<table>
<thead>
<tr>
<th>Food processing</th>
<th>Retail &amp; hospitality</th>
<th>Health &amp; community services</th>
<th>Transport &amp; distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturers or packers with no service</td>
<td>Caterers for only private functions</td>
<td>Catering for hospitals, nursing homes</td>
<td>Warehouses or bulk food distribution with no preparation or service</td>
</tr>
<tr>
<td></td>
<td>Convenience stores</td>
<td>Childcare centres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restaurants</td>
<td>Hospitals</td>
<td></td>
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<tr>
<td></td>
<td>Takeaways</td>
<td>Hostels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cafés</td>
<td>Meals on Wheels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Markets &amp; stalls</td>
<td>Nursing homes</td>
<td></td>
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<td></td>
<td></td>
<td>Aged care</td>
<td></td>
</tr>
</tbody>
</table>

Where can the recommended training be completed?
The recommended training for food safety supervisors is conducted by Registered Training Organisations (RTOs). An RTO may be a TAFE college, adult and community education provider, private provider, community organisation, school, higher education institution, industry body or other organisation meeting the relevant registration requirements. Training may be completed face-to-face or online.

To find an RTO:
- Visit [www.training.gov.au](http://www.training.gov.au), scroll down to ‘quick search’, under ‘nationally recognised training’ enter the recommended competency code. In the search results, click on the code and then click on ‘Find RTOs approved to deliver this unit’, or
- Perform an internet search using keywords ‘food safety supervisor training’, or enter the recommended competency code. It may also help to include a geographical location or ‘online’ depending on the preferred delivery method.

Food service facilities are encouraged to confirm that their chosen training provider is a current RTO and will provide a Statement of Attainment on successful completion of the recommended competencies.

8.4 How can a person meet the skills and knowledge requirements to be a food safety supervisor?
While the Department does not approve or refuse FSS notifications, they may assess if a person meets the definition of FSS. Ways in which a person may demonstrate that they meet the skills and knowledge requirement are discussed below.

**Statement of Attainment for recommended training**
If a person has completed the recommended training, a copy of his or her Statement of Attainment issued by the RTO must be provided to the Department. If a person has a different competency code to those in Table 8.1, but the same competency title, the training may still be relevant, and may simply be a superseded competency code. Contact the Department for further guidance.
It is important to note that having a Statement of Attainment for the recommended competencies (or superseded competencies) does not necessarily mean that a person will automatically satisfy all of the requirements of a food safety supervisor.

**Recognition of prior learning or credit transfer for recommended training**

RTOs approved to deliver the recommended competencies can conduct a Recognition of Prior Learning (RPL) assessment. RPL is the recognition of skills and competencies of an individual regardless of how, when or where the learning occurred.

An RTO will assess any previous formal or informal training or education, along with any relevant work or general life experience to determine if a person meets the required outcomes of the competencies. The RTO may issue a Statement of Attainment for the specified competencies, or provide a partial credit advising of any gap training required to obtain the recommended competencies.

**Previous training or qualification**

A person with a tertiary or trade qualification that included food safety and hygiene subjects could be considered to meet the skills and knowledge requirements for a food safety supervisor. Evidence of the subjects completed and the content of the subjects must be provided on request of the Department.

Examples of tertiary or trade qualifications that may include subjects that provide appropriate skills and knowledge for a person to be a FSS include:

- chef qualifications
- Certificate IV or higher (e.g. Diploma, Advanced Diploma, Bachelor degree) from a recognised institution in:
  - food science or equivalent
  - food technology or equivalent
  - food microbiology or equivalent
  - nutrition and dietetics or equivalent
- Environmental Health Australia (EHA) accredited environmental health degree or equivalent

**Substantial work experience**

A person with substantial experience in the food industry who has acquired extensive skills and knowledge in matters relating to food safety and knows how to recognise, prevent and alleviate food safety hazards may meet the requirements for a FSS. Contact the Department for further guidance.

8.5 How can a person meet the supervisory requirements to be a food safety supervisor?

A person nominated to be a FSS for a food service facility must have the authority to supervise and give directions about matters relating to food safety to persons who handle food in the food service facility.

When nominating a FSS, the HHS must provide details of a person’s position within the food service facility or HHS e.g. manager, head cook, shift supervisor, etc, and confirm that the person has the authority to supervise and give directions.
8.6 What does ‘reasonably available’ mean?
A FSS must be ‘reasonably available’ to be contacted by the Department and food handlers at the HHS food service facility at all times that the food service facility is operating. The following information on ‘reasonably available’ is provided as guidance.

Examples of reasonably available
A FSS should be located on the premises or should be able to be contacted by the Department or food handlers whenever food handling is being undertaken.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person works half days, commencing at midday each day and is not contactable outside his or her working hours. Breakfast is served from 8am and lunch preparations commence at 11am. This person would not be considered to be reasonably available to be contacted at all times while the food service facility is operating. However, subject to meeting other criteria, the person may be the FSS for the afternoon shift, with a different person nominated as the FSS for the morning shift.</td>
</tr>
</tbody>
</table>

There is no specific requirement to have one FSS for every food service facility, but a FSS must be reasonably available for each food service facility.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A HHS has two food service facilities on separate campuses. Each food service facility has a separate on site supervisor and the manager works out of either facility depending on the spread of staff. The manager is contactable by mobile phone at all times that each food service facility operates. The manager is nominated as the FSS for both food service facilities.</td>
</tr>
</tbody>
</table>

If the FSS is absent from a food service facility (such as on leave), there should be a documented mechanism (written procedures) to ensure directions about matters relating to food safety are available to persons who handle food.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A FSS takes a one week holiday. Prior to commencing leave, the FSS prepares written guidance for temperature control measures for deliveries and cold storage for staff responsible for receiving food.</td>
</tr>
</tbody>
</table>

A FSS is not required to be available when the food service facility is operating but no food handling is being undertaken.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A food service facility ceases food service at 8pm with all cleaning completed by 9pm. After 9pm pre-packaged food and drink is available for self service from a fridge, but no food is handled. A FSS would not be required after 9pm.</td>
</tr>
</tbody>
</table>

What is a documented mechanism?
A documented mechanism is a written procedure that provides advice to food handlers on matters relating to food safety and handling. The procedures must be appropriate and relevant to the food service facility. A documented mechanism is not a requirement for the development and implementation of an accredited food safety program; it is a simple set of instructions on key food safety matters to enable staff to safely conduct all food handling activities in the absence of the food safety supervisor. However Class 3 food service facilities may utilise their accredited food safety program as the documented mechanism.
8.7 How does a HHS notify the Department of their food safety supervisor?

The HHS must notify the Department of the name and contact details of the food safety supervisor for each food service facility. Notification of a FSS is to be undertaken using the form provided by the Department. A copy of the statement of attainment issued by the RTO or appropriate qualification/s should be included.

A HHS that opens a new food service facility must notify the Department of the food safety supervisor's details within 30 days of opening.

A HHS with an existing food service facility must, within 14 days, notify the Department:

- of a change in a food safety supervisor's contact details
- if a person stops being a food safety supervisor
- of the name and contact details of a new food safety supervisor
9 – Food safety programs

Food service facilities that are required to implement, or choose to implement, a food safety program must do so in a manner equivalent to their private sector counterparts as discussed below.

9.1 Do I need a food safety program?

All Class 3 food service facilities are required to have an accredited food safety program in accordance with this guideline.

Food service facilities that do not require a food safety program may opt in to the food safety program requirements. If a food service facility opts in, they are subject to the same requirements as those facilities that are required to have a food safety program.

9.2 Developing a food safety program

A food service facility must develop a food safety program specific to their operation. Detailed information regarding what a food safety program must achieve is provided in Section 9.3 below. Food safety program development tools are available to assist food service facilities develop their food safety program (see Appendix A). These tools are defined as templates, models, software and printed materials which may be used directly by the food service facility through customisation to create own workable, site-specific food safety programs which meet the requirements of the food safety standards. The Department can provide technical advice on compliance and interpretation issues, but will not assist in the development of food safety programs. Environmental health staff in the HHS may assist in the development of a food safety program.

9.3 Requirements of a food safety program

Below is an explanation of what a food safety program must achieve.

A food safety program must:

1 – systematically identify food safety hazards that are reasonably likely to occur in food handling operations of the food service facility

This requires the food service facility to identify in the food safety program the hazards that are reasonably likely to occur for each of the food handling steps within the food service facility.

It is suggested that the food service facility systematically examines its food handling operations by listing the steps used to produce food in the facility in a logical, progressive sequence, that is, from the receipt of food until its final step for service.

A food safety hazard is defined as a thing or a situation that has the potential to cause food handled or sold in connection with a food service facility to be unsafe or unsuitable. A food safety hazard may be a biological, chemical or physical agent in, or condition of, food that has the potential to cause an adverse health effect in humans.

It is only necessary for hazards to be identified if they are reasonably likely to occur, that is, that the hazard is foreseeable, typical or likely to occur due to the specific nature, storage, transportation, preparation or handling of the food for a particular food service facility.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is reasonable to expect that food that is being directly handled by food handlers could become contaminated with <em>Staphylococcus aureus</em>, as this bacterium can be found in the normal microflora of the nose, throat, perineum or skin of humans.</td>
</tr>
<tr>
<td>It is not reasonable to expect food service facility to identify hazards that have not yet been discovered, such as new poisonous bacteria.</td>
</tr>
</tbody>
</table>
2 – identify where, in a food handling operation, each hazard identified can be controlled and the means of control

This requires the food service facility to identify in the food safety program how each identified hazard is to be controlled and where it is to be controlled.

Hazards may be controlled by support programs or at the specific food handling step. These controls (alone or collectively) must be effective in preventing, eliminating or reducing the hazard to a safe, acceptable level.

Controlling hazards through support programs
Hazards that are common across food handling steps are normally minimised or controlled by support programs.

| Example | Microbiological and physical hazards caused by food handlers need to be controlled at several food handling steps such as food preparation, cooking, plating and serving. Instead of repeating the controls for these hazards for each of these steps, the controls can be set out in a health and hygiene support program. |

Examples of support programs and the types of hazards they may minimise or control are listed below.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Support Program</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiological, physical and chemical hazards associated with incoming foods and packaging materials</td>
<td>Approved supplier</td>
<td>Problems that could arise from foods and ingredients supplied to the food service facility are minimised</td>
</tr>
<tr>
<td>Microbiological, physical and chemical hazards that arise from staff handling unpackaged food</td>
<td>Staff health &amp; hygiene</td>
<td>Contamination of food with pathogens from sick food handlers, contamination from hands of food handlers and from jewellery, hair and clothing are minimised</td>
</tr>
<tr>
<td>Microbiological and physical hazards arising from pest infestations</td>
<td>Pest control</td>
<td>Infestations by pests are controlled and contamination by, for example, birds, insects and rodents (hair, faeces, urine) are prevented</td>
</tr>
<tr>
<td>Microbiological and chemical hazards associated with using the premises and equipment in the premises</td>
<td>Cleaning &amp; sanitation Equipment maintenance</td>
<td>Contamination of food from food service facility and equipment is controlled</td>
</tr>
<tr>
<td>Chemical hazards associated with the use of cleaning chemicals</td>
<td>Storage &amp; use of chemicals</td>
<td>Chemicals are stored and used in accordance with manufacturers’ instructions and action is taken to prevent contamination, for example from spillages</td>
</tr>
</tbody>
</table>

Controlling hazards at the food handling step
Hazards specific to a food handling step are normally controlled at that step. All procedures referred to in a food safety program must be included in the food safety program.

| Example | The hazard of food poisoning bacteria surviving cooking is controlled by specific cooking times and temperatures that apply to a particular food item. A table in the food safety program could specify cooking times and temperatures to be met or alternatively a cooking procedure may set out all steps to be followed as the means of control. |
3 – provide for the systematic monitoring of means of control

This requires the food service facility to specify how they will systematically monitor control measures. The aim of monitoring is to assess whether the control chosen to manage a hazard is occurring in practice.

It is important to remember that monitoring is not the same as recording. Monitoring is a checking process to ensure a hazard is being managed. Recording is the documentation of actions undertaken at a particular step.

The food safety program must identify how each control measure will be monitored. This includes monitoring of support programs.

For each monitoring action, the food safety program must indicate:

- what monitoring is to be done
- how the monitoring will be done
- who will do the monitoring
- when the monitoring is to be done (for example every batch, twice daily, weekly)

Examples of monitoring

- inspecting food as it is delivered to the facility to ensure packaging is still intact
- measuring with a thermometer to ensure that cooking temperatures have been achieved
- checking that raw food is stored separately from ready-to-eat food in the cool room
- observing whether food handlers are washing and drying their hands thoroughly before food preparation

4 – provide for appropriate corrective action when a hazard is found to be not under control

This requires a food service facility to identify corrective action for when a hazard is found to be not under control. Corrective action must be identified for all hazards.

If monitoring finds that the control step in place to manage a hazard is either not working or is not being followed, corrective action must be taken. A corrective action generally consists of two stages.

Firstly, immediate action needs to be taken for any food that may be unsafe because the hazard is not under control, i.e. addressing the product.

Example

If monitoring (through observation) shows that a food handler has used the same knife for slicing raw food and ready-to-eat food, the ready-to-eat food should be discarded as it may be contaminated.

Secondly, there needs to be an investigation into the cause of the ‘loss of control’ of the hazard so that steps can be taken to make sure this ‘loss of control’ does not happen again, i.e. addressing the process.

Example

If it is found that the food handler used the same knife because it was during a busy period and no clean knives were readily available, the lack of clean knives must be addressed. To prevent a repeat of this mistake, the food service facility could re-train the staff member on the importance of always using a clean and sanitised knife for ready-to-eat food, they could employ more staff during busy periods to ensure knives (and other equipment) are cleaned and sanitised, and could purchase more knives.
5 – provide for the regular review of the program by the food service facility to ensure it is appropriate

This requires the food safety program to have an inbuilt review mechanism. The food safety program must include information about the review of the program, such as:

- the person in the food service facility responsible for the review
- when the review is to be carried out
- the scope of the review

The person who undertakes the review should be someone familiar with the food safety program and the food service facilities operations, and have the authority to check records and act on the outcomes.

The food service facility should conduct a review of its food safety program at least annually. However in the event that there is any change in the food service facility’s food handling activities, or other matters occur that may impact on the food safety program, this review may be required to be undertaken earlier.

The scope of the review should describe the food handling operations covered by the review, procedures and records to be checked, and whether any equipment is to be checked for accuracy.

6 – provide for appropriate records to be made and kept by the food service facility demonstrating action taken to ensure the food service facility is complying with the food safety program

This requires the food safety program to specify appropriate records to be kept. At a minimum, records should be kept for:

- monitoring checks
- corrective actions
- the review of the program, specifically details of when a review took place and the outcome

These records must be appropriate, that is, they must provide sufficient information to show that the food service facility is complying with the food safety program. At a minimum they need to be legible and indicate:

- what the record relates to (e.g. cooking temperatures, type of food and the batch)
- who made the record
- the date and, where relevant, the time the record was made
- the result of what was being recorded (e.g. cooking temperatures)
- any action taken as a result of the monitoring (e.g. corrective action taken if monitoring found that cooking temperatures had not been reached within the specified time)

All records must be kept at least until the next audit of the food safety program. Records can be kept electronically, provided that the Department and the auditor can access them.

9.4 Application for accreditation

To have a food safety program accredited the food service facility is required to lodge an application for accreditation with the Department. The application must be in the approved form and accompanied by the food safety program and written advice from an auditor. The food service facility should contact the Department to obtain the approved form.

The food service facility is responsible for obtaining and submitting the written advice of an auditor about whether or not the auditor considers the food safety program meets the requirements (in Section 9.3) and that the implementation of the program is reasonably likely to effectively control the food safety hazards of the food service facility to which the program relates.
The auditor providing the written advice must be an auditor approved by the Department. However, the auditor must not be an employee of the same HHS in which the food service facility is located or run. For example:

- the HHS may engage an auditor who is employed by another HHS to provide the written advice
- the HHS may engage a private consultant who is an auditor to provide the written advice

The Department will consider the application and decide to accredit or refuse to accredit the application.

### 9.5 Criteria for accreditation

The Department may accredit the food safety program only if it is satisfied with the content of the food safety program and that implementation of the program is reasonably likely to effectively control the food safety hazards of the food service facility to which the program relates.

When deciding whether to accredit the food safety program, the Department will have regard to the nature of the food handled and the nature and extent of food handling carried on in the food service facility.

| Example | A hospital has a central kitchen where all meals are prepared and plated prior to being delivered to patients. The food safety program must identify the delivery step as a hazard. A catering operation has specified in its food safety program that the cold room used to store potentially hazardous food will be maintained at 9°C. This temperature is not adequate for the storage of potentially hazardous food. |

The accreditation process does not require an on-site assessment of the food service facility. Accreditation is a desktop assessment designed to allow the Department to ascertain whether the documentation is adequate. However, for existing food service facilities the Department may consider a site visit is warranted to compare the activities of the food service facility against the proposed food safety program.

### Written advice

An auditor must provide their written advice on the form produced by the Department. The advice must state whether or not the auditor considers the food safety program meets the criteria and that the implementation of the program is reasonably likely to effectively control the food safety hazards of the food service facility. An auditor may choose to conduct an on-site visit to assess the food safety program against the food service facility’s activities.

### 9.6 Information required to decide on accreditation

If the Department requires further information to decide an application for accreditation, they may require the HHS to give further information or a document.

The Department must provide the HHS with a notice detailing what is required and allowing at least 30 days for the HHS to provide the further information or document.

If the HHS does not provide the further information or document within the timeframe in the notice, the application for accreditation is taken to be withdrawn. A new application would be required for the program to be accredited (if the food service facility requires a food safety program or wishes to opt in to the requirements).
9.7 Time required to decide on accreditation
An application for accreditation must be decided within 30 days of receiving the application (or further information or document if requested).

If the Department requires further time to decide an application for accreditation due to the complexity of matters that need to be considered, it may extend the time allowed for deciding the application. The time may be extended by 30 days, or a longer time by written agreement with the HHS.

9.8 Decision on an application for accreditation
After considering an application for accreditation of a food safety program the Department may:
- accredit the food safety program
- refuse to accredit the food safety program
If the Department fails to make a decision on the accreditation application within 30 days of receiving it or a requested document or information, the failure is taken to be a decision to refuse the application.

If the Department decides to accredit the food safety program, the Department must:
- record on the program that it is accredited
- give the accredited program to the HHS
- keep a copy of the accredited program

If the Department decides to refuse to accredit the food safety program, the Department must as soon as practicable give the HHS an information notice for the decision. If the application is refused because the Department does not decide the application within the required time the HHS is entitled to be given an information notice for the decision.

The HHS may request a review of a decision to refuse to accredit a food safety program by applying in writing to the Department within 28 days of receiving the information notice. The application must state fully the grounds of the application for review. Alternatively, the HHS may commence a new application for accreditation.

9.9 Audit frequency
When the Department accredits a food safety program, it must as soon as practicable decide how often the food service facility must have compliance audits of the program conducted, and advise the HHS of the frequency in writing.

In deciding the audit frequency the Department will have regard to the nature of the food handled and the nature and extent of food handling carried on in the food service facility. The Priority Classification System for Food Businesses published by Food Standards Australia New Zealand will also be referred to in setting the audit frequency.

Audit frequency ranges for food businesses by risk
The baseline, maximum and minimum audit frequencies set in the Priority Classification System for Food Businesses for each priority classification are shown in the table below.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Audit frequency (audit occurs every x months)</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Baseline 18</td>
<td>Maximum 12</td>
</tr>
<tr>
<td>Medium</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>High *</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

* All food service facilities that are required to have a food safety program (Class 3) are classified as high risk.
Setting the audit frequency
As mentioned above, in deciding the audit frequency the Department will have regard to the nature of the food handled and the nature and extent of food handling carried on in the food service facility. When setting the audit frequency, the Department will be guided by the frequency ranges shown above; however the Department is not bound by the frequency ranges.

If a food service facility has a compliance history that indicates substantial ongoing compliance with food safety requirements, and the Department has confidence in the management of food safety at the food service facility, this may be taken into consideration and a lower frequency may be set.

If a food service facility’s compliance history does not indicate substantial ongoing compliance with food safety requirements, the completion of two compliance audits may establish a compliance history that can allow for the future adjustment of the audit frequency.

Example
The Department accredits a new food safety program for an existing aged care facility on 24 November 2012. The Department records show that for the last five years, routine inspections of the food service facility have not revealed any major concerns with regard to food safety program or compliance with the food safety standards. The food service facility has been maintained in good condition and no complaints have been received. The Department sets the audit frequency at 12 months based on the inspection compliance history. The first compliance audit is due within six months of accreditation – 24 May 2013. The subsequent compliance audit is due after 12 months – 24 May 2014.

Example
The Department accredits a food safety program for a new aged care facility on 24 November 2012. The Department has no inspection compliance history as the food service facility is new. The Department sets the audit frequency at six months based on the baseline frequency for food service facilities classified as high risk. The first compliance audit is due within six months of accreditation – 24 May 2013. The subsequent compliance audit is due after six months – 24 November 2013.

It is important to remember that inspections and non-conformance audits do not affect when the next compliance audit is due.
10 – Auditing food safety programs

Audits and inspections are separate compliance assessment tools and it is important that the Department, inspectors, auditors, HHSs and food service facilities are aware of the differences and their respective application.

10.1 Audits

An audit is used to assess systems. An audit is used to assess whether a food safety program has been implemented and to determine the level of compliance with the food safety standards and the food safety program. An audit results in the preparation of an audit report, however an auditor cannot direct a food service facility to amend their food safety program or take specific action.

Audit types

There are four types of audits.

<table>
<thead>
<tr>
<th>Audit type</th>
<th>Description</th>
<th>When conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal audit</td>
<td>An audit of a food safety program by a HHS employee, such as environmental health staff, to satisfy internal procedures, conduct a review of the food safety program, prepare for an audit or address non-compliances identified during an audit.</td>
<td>As desired by the HHS or food service facility.</td>
</tr>
<tr>
<td>Compliance audit</td>
<td>An audit of an accredited food safety program by an auditor to ensure the carrying on of the food service facility to which the program relates complies with the program and the food safety standards. Compliance audits conducted in accordance with the frequency set by the Department are scheduled or announced audits.</td>
<td>The first compliance audit of an accredited food safety program must be conducted within six months of accreditation. The criteria for the first compliance audit are the same as for any compliance audit. Auditors and food service facilities may find that the first compliance audit assists in identifying any gaps in the food safety program or avenues for improving implementation of the program. The audit frequency set by the Department must be complied with following completion of the first compliance audit.</td>
</tr>
<tr>
<td>Non-conformance audit</td>
<td>An audit of an accredited food safety program by an auditor to check that any non-compliance with the program or the food safety standards identified in an audit has been remedied.</td>
<td>The Department may conduct a non-conformance audit if it has received at least three audit reports in a 12 month period showing that the HHS has not remedied a particular non-compliance with the program. It is not mandatory for the Department to undertake a non-conformance audit. The Department may choose to use an auditor employed by them, an auditor employed by a HHS or a privately employed auditor.</td>
</tr>
<tr>
<td>Check audit</td>
<td>An audit of an accredited food safety program that is not a compliance or non-conformance audit.</td>
<td>Check audits are conducted by an auditor assigned by the Department after a compliance or non-conformance audit of the program has been conducted by another auditor to ensure the other auditor is conducting compliance or non-conformance audits appropriately.</td>
</tr>
</tbody>
</table>
The food service facility is responsible for arranging audits of the accredited food safety program. All audits (other than internal audits) must be undertaken by an auditor approved by the Department to conduct audits for the specified type of food service facility. However, the auditor must not be an employee of the same HHS in which the food service facility is located or run. For example:

- the HHS may engage an auditor who is employed by another HHS to conduct the audit
- the HHS may engage a private consultant who is an auditor to conduct the audit

There is no requirement for a food service facility to use the same auditor for every audit. Environmental health staff in the HHS may conduct internal audits to monitor performance and assist in preparing for external audits.

**Audit criteria**

Audit criteria are the set of guidelines, standards or requirements against which the auditor will assess the food service facility and determine compliance. The audit criteria for audits of HHS food service facilities are:

- the Directive
- the food safety standards
- the accredited food safety program
- this guideline

### 10.2 Audit reports

An auditor must give an audit report to the HHS and the Department within 14 days of completing a compliance or non-conformance audit.

The audit report must include:

- the auditor’s name
- the dates the audit started and ended and the time spent conducting the audit
- the name and address of the food service facility audited
- details of the activities and sections of the food safety program audited
- whether in the auditor’s opinion the activities comply or do not comply with the food safety program or the food safety standards
- the reasons that the auditor considers the activities comply or do not comply
- if the activities do not comply, details of action taken, or proposed to be taken to remedy the non-compliance
- whether in the auditor’s opinion the food safety program needs to be amended, and if so the reasons why
- whether in the auditor’s opinion an auditor needs to conduct a non-conformance audit
- whether in the auditor’s opinion the frequency of compliance audits for the food safety program should be changed, and if so the reasons why

An audit report must be provided on the form produced by the Department. Auditors should ensure that the report clearly identifies areas of non-compliance, for example by reference to the section of the accredited food safety program, the clause of the food safety standards, the date and time of a record, and/or the specific area of the food business where the non-compliance was observed.

The Department may assess the audit report to determine whether further action is required. This may include conducting a non-conformance audit, amending the accredited food safety program, or changing the audit frequency. The Department is not obliged to follow the recommendation or opinion of the auditor, but may consider this in making their decision.
10.3 Categorising and reporting non-compliance

Compliance with an accredited food safety program is achieved if the food service facility is operating in accordance with the food safety program and has met the requirements of this guideline and the food safety standards.

A non-compliance occurs if an auditor forms a reasonable belief that a person has contravened the accredited food safety program, this guideline or the food safety standards. Auditors must categorise non-compliances as minor, major or critical in accordance with the following.

**Minor non-compliance**

A minor non-compliance is a non-compliance that is not likely to compromise food safety or lead to the handling of unsafe or unsuitable food.

A minor non-compliance is an isolated low risk situation and does not compromise achieving control measures of the food safety program i.e. overall the food safety program is still effective in controlling the food safety hazards. When viewed collectively a number of related minor non-compliances may represent a major non-compliance.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>During an audit, the auditor observes that there are broken floor tiles in the kitchen area and a build-up of grease in the filters of the exhaust canopy. These items are not likely to compromise food safety in the short term and the auditor records a minor non-compliance for failing to maintain the premises.</td>
</tr>
</tbody>
</table>

**Other examples of minor non-compliance**

- a single monitoring lapse of a process that is shown to be otherwise under control
- minor structural defects
- minor failure to follow good hygienic procedures specified in prerequisite programs
- ineffective pest control in a limited area
- slight variation from documented procedures
- inadequate cleaning in a limited area
- a few signatures missing on a record over a short time period
- intermittent or poor completion of records

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>During an audit, the auditor observes that there are no disposable towels at the hand wash basin. The food service manager explains that staff do wash their hands but use tea towels to dry their hands. The auditor cannot see a supply of clean tea towels. The auditor is satisfied that staff do wash their hands but records a major non-compliance for the lack of appropriate hand drying facilities.</td>
</tr>
</tbody>
</table>

**Major non-compliance**

A major non-compliance is a non-compliance that is likely to compromise food safety or may lead to the handling of unsafe or unsuitable food if no remedial action is taken. When viewed collectively a number of related major non-compliances may represent a critical non-compliance.
Other examples of major non-compliance
- complete departure from procedures contained in the food safety program
- inappropriate corrective action taken by the food service facility in the case of a food safety hazard
- food sourced from an unlicensed or unapproved food supplier
- incomplete action for washing and sanitising procedures
- inaccurate labelling of food
- falsification of records
- failure to implement effective corrective action, for example for a previously identified minor non-compliance
- repetitive minor non-compliance for the same practice or circumstance

Critical non-compliance
A critical non-compliance is non-compliance where the contravention poses an imminent and serious risk to the safety of food intended for service.

If an auditor forms a reasonable belief that a person has contravened, or is contravening this guideline or the food safety standards and the contravention poses an imminent and serious risk to the safety of food intended for service, the auditor must give details of the facts and circumstances to the Department.

Example
During an audit, the auditor observes a food handler who has an open weeping wound on their hand. The wound is not covered by a dressing and the food handler is serving ready to eat food.

The auditor immediately advises the food service facility that this is a critical non-compliance and asks what short term corrective actions will occur. The food service manager advises that all food handled by that food handler will be disposed of. The food handler will be required to clean the wound and cover it with a bright coloured waterproof dressing prior to recommencing work. Updated training will also be provided to all staff on wound management.

The auditor contacts the Department by telephone as soon as possible and advises of the critical non-compliance. Later that day the auditor completes the Notice of critical non-compliance and sends it by email to the Department.

Other examples of critical non-compliance
- systemic failure of critical aspects of the food safety program
- a serious pest infestation
- potentially hazardous food stored outside of temperature control for greater than four hours
- the same chopping board and knife being used for ready to eat food after being used for raw chicken without being cleaned and sanitised
- evidence of pest control chemicals such as rat bait in food
- raw meat juices dripping onto uncovered ready to eat food
- food handlers using tea towels to wipe down benches and then to dry their hands immediately prior to handling ready to eat food
- repetitive major non-compliance for the same practice or circumstance
10.4 Addressing non-compliance with food safety program

The food service facility is responsible for resolving non-compliances. The auditor will discuss each non-compliance with the food service facility during the audit and record solutions proposed by the food service facility.

The auditor should not provide the food service facility with solutions to the non-compliance(s), but they may confirm whether the proposed action has the potential to satisfactorily remedy the non-compliance. Remedying the non-compliance must be in accordance with the accredited food safety program, and must comply with the food safety standards. The action taken to remedy the non-compliance should address the immediate concern (e.g. disposing of contaminated food) and the future process (e.g. preventing contamination re-occurring).

An appropriate timeframe for remedying each non-compliance should be agreed taking into account the risk posed by the non-compliance and the scale of work required to remedy the non-compliance.

**Example**

**Using the minor non-compliance example above**

The food service facility negotiates with the auditor that the filters will be cleaned within 24 hours and the broken floor tiles will be replaced within 60 days. The food service facility also undertakes to set up a service agreement with a filter cleaning company to ensure excessive grease does not build up in the filters in the future.

An auditor is not obliged to follow up non-compliances as the Department is responsible for following up non-compliances. An auditor may choose to follow up non-compliances and may revisit the food business to confirm that the action to remedy the non-compliance has been completed. However a visit is only necessary in circumstances where implementation of the corrective measures cannot be verified by another means.

**Example**

**Using the major non-compliance example above**

The food service facility may send photographs of a newly installed paper towel dispenser at each hand wash basin, a delivery docket for paper towels and training records showing all staff have been trained in correct hand washing techniques.

**Changing the audit frequency**

The Department may change the frequency of compliance audits for a food safety program they have previously accredited. See Section 9.9 for information on setting the audit frequency.

In deciding on a change to the audit frequency the Department will have regard to the nature of the food handled and the nature and extent of food handling carried on in the food service facility. The Department may also have regard to the results of a compliance or non-conformance audit of the program. As is the case when setting the audit frequency at accreditation, the Department may also consider the inspection compliance history of the food service facility.

An auditor may include in an audit report whether in the auditor's opinion the frequency of compliance audits should be changed and if so, the reasons that the auditor considers the frequency should be changed. The Department is not obliged to follow the recommendation or opinion of the auditor, but may consider this in making their decision.

If the Department decides to change the frequency of compliance audits by increasing the frequency of audits, the Department must advise the HHS of the increased frequency in writing as soon as practicable. The HHS may request a review of this decision. If the Department decides to change the frequency of compliance audits by decreasing the frequency of audits, the Department must advise the HHS of the decreased frequency in writing as soon as practicable.
Amendment of an accredited food safety program

An accredited food safety program may require amending if it no longer satisfies the requirements for a food safety program due to a change (or proposed change) in the operations of the food service facility, or ongoing compliance issues.

HHS identifies need to amend accredited food safety program

This section applies if a HHS proposes to change the way food is handled and because of the change, the accredited food safety program will no longer identify the food safety hazards of the food service facility and implementation of the program will no longer effectively control the hazards.

Before changing the way food is handled, the HHS must amend the accredited food safety program and apply to have the amendment approved. An application must be made to the Department and be accompanied by the proposed amended program.

The process outlined in Section 9 applies to applications for amendment of an accredited food safety program. In considering an application, the Department may approve the amendment only if it is satisfied that the amended program complies and the implementation of the amended program is reasonably likely to effectively control the food safety hazards in the food service facility.

From the time that the HHS amends the program until the Department decides the application, the amended food safety program is taken to comply with the relevant requirements.

Department identifies need to amend accredited food safety program

This section applies if the Department considers it necessary or desirable to make an amendment to an accredited food safety program having regard to the criteria for accrediting a food safety program.

Example

Following the completion of the first compliance audit it is evident that not all of the hazards in the food service facility have been identified, the Department may direct the food service facility to amend their accredited food safety program

Following a non-conformance audit, the Department has identified control measures being undertaken in the food service facility which are not reflected in the accredited food safety program and may direct the food service facility to amend their accredited food safety program

The Department will advise the HHS in writing:

- information about the nature of the amendment that is required to be made
- reasons for the decision to require the amendment
- the day by which the amendment must be made (at least 30 days)

As soon as practicable after amending the program (and no later than the day advised by the Department), the HHS must give the amended program to the Department for the Department to consider the amendment.

Cancellation of accreditation or surrender of food safety program

Cancellation of accreditation or the surrender of a food safety program may only occur if the food service facility has opted in to the food safety program requirements, that is, it is not a Class 3 food service facility.

Grounds for cancelling the accreditation of a food safety program may include the food service facility not complying with the program in a way that is likely to result in a significant risk to public health or safety or the HHS not having compliance audits conducted in accordance with the frequency set by the Department.

If eligible to surrender an accredited food safety program, the HHS must advise the Department in writing and submit the accredited food safety program.
Appendix A – Resource documents

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Availability</th>
</tr>
</thead>
</table>
Appendix B – Definition of terms and abbreviations

Where terms used in this guideline are defined in the Food Act 2006 and the food standards code, they have the same meaning as in the Act or code.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Accreditation of a food safety program by the Department under this guideline</td>
</tr>
<tr>
<td>Audit</td>
<td>A compliance audit, check audit or non-conformance audit, see Section 10.1 of this guideline</td>
</tr>
<tr>
<td>Auditor</td>
<td>A person approved as an auditor by the Department</td>
</tr>
<tr>
<td>Check audit</td>
<td>see Section 10.1 of this guideline</td>
</tr>
<tr>
<td>Clean</td>
<td>Clean to touch and free of extraneous visible matter and objectionable odour</td>
</tr>
<tr>
<td>Compliance audit</td>
<td>see Section 10.1 of this guideline</td>
</tr>
<tr>
<td>Department</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Directive</td>
<td>Food and Nutrition Safety Health Service Directive</td>
</tr>
<tr>
<td>Equipment</td>
<td>A machine, instrument, apparatus, utensil or appliance, other than a single-use item, used or intended to be used in or in connection with food handling and includes any equipment used or intended to be used to clean food premises or equipment</td>
</tr>
<tr>
<td>Environmental health staff</td>
<td>Persons employed as environmental health officers or similar, generally in a public health unit of a HHS. Environmental health staff generally hold a tertiary degree and are authorised officers under the Food Act 2006</td>
</tr>
<tr>
<td>Food</td>
<td>see section 12 of the Food Act 2006</td>
</tr>
<tr>
<td>Food Act 2006</td>
<td>The Queensland Food Act 2006 (the Act)</td>
</tr>
<tr>
<td>Food for catering purposes</td>
<td>see Section 6.1 of this guideline</td>
</tr>
<tr>
<td>Food for retail sale</td>
<td>see Section 6.1 of this guideline</td>
</tr>
<tr>
<td>Food handler</td>
<td>A person who directly engages in the handling of food, or who handles surfaces likely to come into contact with food, for a food business</td>
</tr>
<tr>
<td>Food handling</td>
<td>Any activity involving the handling of food (see ‘handling’)</td>
</tr>
<tr>
<td>Food safety hazard</td>
<td>see Section 9.3 of this guideline</td>
</tr>
<tr>
<td>Food safety program</td>
<td>see Section 9.3 of this guideline</td>
</tr>
<tr>
<td>Food safety supervisor</td>
<td>see Section 8.1 of this guideline</td>
</tr>
<tr>
<td>Food safety standards</td>
<td>The standards contained in Chapter 3 of the Australia New Zealand Food Standards Code</td>
</tr>
<tr>
<td>Food safety standard 3.2.2</td>
<td>Standard 3.2.2 Food safety practices and general requirements of the food standards code</td>
</tr>
<tr>
<td>Food safety standard 3.2.3</td>
<td>Standard 3.2.3 Food premises and equipment of the food standards code</td>
</tr>
<tr>
<td><strong>Food standards code</strong></td>
<td>The <em>Australia New Zealand Food Standards Code</em></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>FSANZ</strong></td>
<td>Food Standards Australia New Zealand</td>
</tr>
<tr>
<td><strong>FSS</strong></td>
<td>Food safety supervisor</td>
</tr>
<tr>
<td><strong>Handling</strong></td>
<td>Of food includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food</td>
</tr>
<tr>
<td><strong>HHS</strong></td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td><strong>Information notice</strong></td>
<td>A notice stating all a decision, the reasons for the decision, that the person to whom the notice is given may have the decision reviewed within 28 days after the person receives the notice and how the person may have the decision reviewed</td>
</tr>
<tr>
<td><strong>Intra company transfer</strong></td>
<td>see Section 6.1 of this guideline</td>
</tr>
<tr>
<td><strong>Label</strong></td>
<td>Any tag, brand, mark or statement in writing or any representation or design or descriptive matter on or attached to or used in connection with or accompanying any food or package</td>
</tr>
<tr>
<td><strong>Label Buster</strong></td>
<td>An easy reference to the labelling standards of the food standards code, a checklist to assist in developing a food label and a comprehensive directory of where to get more information</td>
</tr>
<tr>
<td><strong>Non-conformance audit</strong></td>
<td>see Section 10.1 of this guideline</td>
</tr>
<tr>
<td><strong>Off-site catering</strong></td>
<td>Serving potentially hazardous food at a place other than the principal place of business for the food service facility</td>
</tr>
<tr>
<td><strong>On-site catering</strong></td>
<td>The primary activity of the food service facility is preparing and serving potentially hazardous food to all consumers of the food at the premises from which the food service facility is operated, where the food is of a predetermined type, for a predetermined number of people, served at a predetermined time and for a predetermined cost</td>
</tr>
<tr>
<td><strong>On-site catering (part of premises)</strong></td>
<td>The primary activity of the food service facility is on-site catering at part of the premises. On-site catering has the same meaning as noted above, however in this situation on-site catering is primary activity at part of the premises only and the catering is for 200 or more people on 12 or more occasions per year</td>
</tr>
<tr>
<td><strong>Package</strong></td>
<td>Any container or wrapper in or by which food intended for sale is wholly or partly encased, covered, enclosed, contained or packaged and, in the case of food carried or sold or intended to be carried and sold in more than one package, includes every such package, but does not include – (a) bulk cargo containers; or (b) pallet overwraps; or (c) crates and packages which do not obscure labels on the food; or (d) transportation vehicles; or (e) a vending machine; or (f) a hamper; or (g) food served on a covered plate, cup, tray or other food container in prisons, hospitals or other similar institutions</td>
</tr>
<tr>
<td><strong>Potentially hazardous food</strong></td>
<td>Food that must be kept at a particular temperature— (a) to minimise the growth of pathogenic micro-organisms that may be in the food; or (b) to stop the formation of toxins in the food</td>
</tr>
<tr>
<td><strong>Premises</strong></td>
<td>A building or other structure, part of a building or other structure, land where a building or other structure is situated, a vehicle and a food vending machine. Other structure includes tents, stalls and other temporary structures, boats, pontoons and any other place kept or used for the handling of food for sale</td>
</tr>
<tr>
<td><strong>Ready-to-eat</strong></td>
<td>Food that is ordinarily consumed in the same state as that in which it is sold and does not include nuts totally enclosed in the shell and whole, raw fruits and vegetables that are intended for hulling, peeling or washing by the consumer</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td><strong>Regulation</strong></td>
<td><em>Food Regulation 2006</em></td>
</tr>
<tr>
<td><strong>Sanitise</strong></td>
<td>To apply heat or chemicals, heat and chemicals, or other processes, to a surface so that the number of micro-organisms on the surface is reduced to a level that: (a) does not compromise the safety of food with which it may come into contact; and (b) does not permit the transmission of infectious disease</td>
</tr>
<tr>
<td><strong>Supplier</strong></td>
<td>The packer, manufacturer, vendor or importer of the food in question</td>
</tr>
<tr>
<td><strong>Suspected intentional contamination</strong></td>
<td>Of food, means contamination of the food by a person who intends to contaminate the food, including by adding, mixing or putting a deleterious or poisonous substance or thing into the food. see section 271A of the Act (defined in the Act)</td>
</tr>
<tr>
<td><strong>Unpackaged food</strong></td>
<td>All food, other than food that is sealed in a package at a place other than the food business that sells it by retail in that package.</td>
</tr>
<tr>
<td><strong>Unsafe food</strong></td>
<td>Food is unsafe if it would be likely to cause physical harm to a person who might later consume it, assuming it was: (a) after that time and before being consumed by the person, properly subjected to all processes (if any) that are relevant to its reasonable intended use; (b) nothing happened to it after that particular time and before being consumed by the person that would prevent its being used for its reasonable intended use; and (c) consumed by the person according to its reasonable intended use</td>
</tr>
<tr>
<td><strong>Unsuitable</strong></td>
<td>Food is unsuitable if it: (a) is damaged, deteriorated or perished to an extent that affects its reasonable intended use, or (b) contains any damaged, deteriorated or perished substance that affects its reasonable intended use, or (c) is the product of a diseased animal or an animal that has died otherwise than by slaughter, and has not been declared by or under an Act to be safe for human consumption, or (d) contains a biological or chemical agent, or other matter or substance, that is foreign to the nature of the food</td>
</tr>
<tr>
<td><strong>Vulnerable persons</strong></td>
<td>Persons who are in-patients in a hospital or a palliative care facility, in care in an aged care facility, a day hospital that provides haemodialysis or cytotoxic infusion health services, a day facility that provides respite care or rehabilitative or therapeutic treatment, children other than school age children, or are clients of a delivered meals organisation.</td>
</tr>
<tr>
<td><strong>Warning statement</strong></td>
<td>see Section 6.3 of this guideline</td>
</tr>
</tbody>
</table>