# Regulatory Food Safety Audit Report – Notification of Critical Non-Compliance

***Food Act 2008* Regulatory Food Safety Audit Report**

**Section 102 (5) and (6) Approved Form: Notification of Critical Non-Compliance**

**Version 03: December 2023**

Form to be completed if RFSA becomes aware, during an audit, of a contravention of the Food Act, the regulations relating to food safety programs, or the Food Safety Standards that: (a) is an imminent and serious risk to the safety of food intended for sale; or (b) will cause significant unsuitability of food intended for sale.

Form must be provided to the enforcement agency within 24 hours of the contravention coming to the RFSA’s attention. Copy of completed form must be given to proprietor of the food business.

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| **Section A: Food Business Details** |
| **Registered Trading Name of Food Business** |  |
| **Proprietor Name** |  |
| **Business Address** |  |
| **Tel** | **Email** |
| **ABN** | **ACN** |
| **Description and type of food business** |  |
| **Priority Classification**  |  |
| **Address of premises where audit performed** |  |
| **Responsible person for food business premises audited** | **Name****Position****Email Phone**  |
| **Enforcement Agency** |  |
| **Audit scope** |  |

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

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| **Section C: Details of Critical Non-Compliance**During the course of carrying out an audit/assessment at the above-mentioned food business premises, I am of the opinion that there is a contravention of the *Food Act 2008*, the regulations relating to FSPs, or the Food Safety Standards and where applicable Standard 4.2.4 Primary Production and Processing Standard for Dairy Products |
| **[ ]  that is an imminent and serious risk to the safety of food intended for sale, or** | **[ ]  will cause significant unsuitability of food intended for sale** |
| ***Please provide details over page*** |
| **RFSA Signature** |  | **Date** |

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| **Reference Number** (FSP or FSS) or Standard 4.2.4) | **Activity audited** | **Details of Critical Non-Compliance** |
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Approved and signed

Dr Michael Lindsay

**EXECUTIVE DIRECTOR**

**ENVIRONMENTAL HEALTH DIRECTOR**

Public and Aboriginal Health Division

As the Delegate of the Chief Executive Officer