



CASSOWARY COAST REGIONAL COUNCIL

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ENVIRONMENTAL HEALTH TEAM

APPLICATION FOR DESIGN ASSESSMENT (FIT OUT) NEW OR ALTERATION FOOD ACT 2006

Please submit this application at least 30 days prior to commencing fitout to ensure your application is assessed and the premises inspected on time. For your application to be assessed you must:

- *Complete all sections fully;*
- *Enter N/A if question does not apply;*
- *Provide all supporting information incl plans & fees*
- *Ensure you have read Food Business Operation & Construction Guidelines*

Applicant / Owner Details (please print)

Applicant Full Name:

Applicant Postal:

Applicant Phone: Email:

Who is making application: Individual ☐ Corporation ☐

Contact person: Name Phone

Trading Name of Business:

Business Address:

.....

Applicant Signature:

Description of Business:

Vehicle Registration (if applicable):

Plans

Plans are required to be drawn to a scale not less than 1:100 and must be attached to this application

- Site plan - including car parking, refuse storage area, adjacent land uses and toilet facilities.
- Floor plan .
- Sectional elevation drawings - showing all fittings and equipment.
- Hydraulic plans (plumbing details) .
- Mechanical exhaust ventilation drawings (i.e. plans, elevation and schematic diagrams, where applicable)

Please complete **ALL** following sections that are applicable to your business. Insert N/A if the section or question does not apply.

Description of Materials / Finishes

Walls: (general)

(behind cooking equipment)

(splash backs)

Floors:

Coving:

Ceilings:

Floor to ceiling height: (mm) Internal window sills:

Lighting: **Recessed** Yes / No **Covers** Yes / No

Description:

.....

Benches: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

.....

Cabinets: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

.....

Appliances / Fixtures: (are they fitted with metal legs, wheels or on plinths – list if more than one)

.....

.....

Cooking Equipment (list all)

Appliance Description e.g. ovens, toaster, salamanders, microwaves, bain-maries, grillers, dishwasher etc.	Power Output	Under Exhaust Hood (Yes / No)

Mechanical Exhaust Ventilation System

Company Name:.....

Contact Name:Phone:

QBCC Licence No.:.....

Contact Address:

Following installation and testing you will be required to provide QBCC Form 15 and 16 from the installer or suitably qualified engineer specifying the mechanical ventilation complies with *AS 1668.2-2012 The use of ventilation and air-conditioning in buildings, prior to a food business licence being issued.*

Temperature Control Appliances

Lighting: Yes / No

Freezer Room: Yes / No

Hot Display: Yes / No

Cold Display: Yes / No

Smorgasbord: Yes / No

Are all heating and chilling appliances fitted with a gauge indicating the operating temperature in an easily readable location? Yes / No

Insect Protection

Describe how the premises will be effectively protected from flies and other flying insects and vermin:

.....

.....

.....

.....

.....

Cleaning Facilities

Double Bowl Sink: Yes / No Size: (litres) Drainage area (mm)

Dishwasher: Yes / No

Glassware: Yes / No

Preparation Sink: Yes / No Number: Size: (litres) Drainage area (mm)

Pot Sink: Yes / No Size: (litres) Drainage area (mm)

Hand Wash Basin: Yes / No Number: Size: (litres) Single Spout: Yes / No

Method of Operation:

Cleaners Sink: Drop Down Grate : Yes / No

Splash backs supplied above all sinks/basins: Yes / No

Grease Trap: Yes / No Size: (litres)

Floor Wastes: Yes / No Number:

Please note all plumbing work/alterations **must** have approval and be inspected by Plumbing Services prior to commencement of any work.

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Page 3 of 5

Washing Facilities

Dishwasher: Trade name: Model ID:

Manufacturer:

Name:

Address:

Washing and Rinsing:

Action Automatic Yes / No

Washes in one operation Yes / No

Rinse Details:

Water at 50C with 50mg/kg Sodium Hypochlorite Yes / No

Or, Water at 75C Yes / No

Other, please specify:

Water heater: Intergral / Separate

Thermometer visible?: Yes / No

Glasswasher: Trade name: Model ID:

Manufacturer:

Name:

Address:

Washing and Rinsing:

Action Automatic Yes / No

Washes in one operation Yes / No

Rinse Details:

Water at 50C with 50mg/kg Sodium Hypochlorite Yes / No

Or, Water at 75C Yes / No

Other, please specify:

Water heater: Intergral / Separate

Thermometer visible?: Yes / No

Hot Water System

Type: Commercial Model No.:

Temperature of Water at point of use: C

Supplying water to:

Attach certification stating the system is adequate to supply continuous hot water at 75C at all points of use.

Operation and Amenities

Number of employees:

Dining: Yes / No

Toilet facilities for customers: Yes / No

Number of female toilets:

Number of male toilets:

Separate toilet facilities for staff: Yes / No

(Please Note: these toilets must comply with Building Services requirements)

Liquor Licence: Yes / No

BYO: Yes / No

Staff personal belongings storage – description (type and location of cupboard)

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Cleaning equipment storage – description (type and location of cupboard)

.....

Office / paperwork storage - description (type and location of cupboard)

.....

Declarations

I/We declare the above to be true and correct to the best of my/our knowledge.

.....
Signature of applicant Name (print) Date

.....
Signature of applicant's agent Name (print) Date

ALL SECTIONS MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED WITHOUT DELAY

Office Use	Cashier Initials	Fee Paid	Date	Receipt Number

NOTE: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with the *Information Privacy Act 2009* guidelines and is used only by Cassowary Coast Regional Council staff for the purpose of Environmental Health (Food) operational activities and functions and will not be disclosed unless required by law.