SCHEDULE PA1

<table>
<thead>
<tr>
<th>Permit, licence or approval taken to have been issued</th>
<th>Authorisation to manufacture, obtain, possess, sell, supply or use a dangerous poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act pursuant to which the permit, licence or other approval is taken to have been issued in relation to the conditions contained in this schedule</td>
<td>Poisons Act 1971</td>
</tr>
<tr>
<td>Person, body or State Service Agency responsible for the enforcement of the conditions contained in this schedule</td>
<td>Secretary, Department of Health and Human Services</td>
</tr>
</tbody>
</table>

Part 1 - Definitions

“dangerous poison” means a substance that is, for the time being, specified in Schedule 7 of the Poisons Regulations 2002 and to which Condition 1 in Part 1 of Appendix J of the Uniform Standard applies.

“sell” means sell, whether by wholesale or retail, and includes –

a. offer or expose for sale;
b. keep or have in possession for sale;
c. barter or exchange;
d. deal in or agree to sell;
e. send, forward, deliver, or receive for sale or on sale; and
f. authorise, direct, cause, permit, or suffer any of those acts or things to be done –

and “sale” and “sold” have corresponding meanings.

“supply” in relation to a substance, includes –

a. administer a substance, whether orally, subcutaneously, or by any other means;
b. dispense a substance on prescription; and
c. offer or agree to supply a substance.

“Uniform standard” means the Standard for the Uniform Scheduling of Drugs and Poisons published by the Commonwealth under the Therapeutic Goods Act 1989 of the Commonwealth, as amended from time to time.
PART 2 – Conditions

The person responsible is to manufacture, obtain, possess, sell, supply or use a dangerous poison only in accordance with the following:

1. The person responsible is to advise the Secretary, Department of Health and Human Services if the person responsible intends to manufacture, obtain, possess, sell, supply or use a dangerous poison.

2. The Secretary, Department of Health and Human Services has authorised the person responsible to manufacture, obtain possess, sell, supply or use a dangerous poison.

3. Any other conditions imposed by the Secretary, Department of Health and Human Services.
## SCHEDULE RP1

<table>
<thead>
<tr>
<th>Permit, licence or approval taken to have been issued</th>
<th>Licence to deal with a radiation source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act pursuant to which the permit, licence or other approval is taken to have been issued in relation to the conditions contained in this schedule</td>
<td><em>Radiation Protection Act 2005</em></td>
</tr>
<tr>
<td>Person, body or State Service Agency responsible for the enforcement of the conditions contained in this schedule</td>
<td>Director of Public Health</td>
</tr>
</tbody>
</table>

### Part 1 - Definitions

“**certificate of compliance**” in relation to a radiation source or radiation place, means a certificate of compliance issued under section 17 of the *Radiation Protection Act 2005*;

“**certificate of registration**” in relation to a place where a radiation source is to be stored and/or used means a certificate of registration issued under section 22 of the *Radiation Protection Act 2005*;

“**deal with a radiation source**” means acquire, possess, store, transport, install, service, repair, dispose of or otherwise deal with a radiation source;

“**Director of Public Health**” means the person appointed as Director of Public Health under section 6 of the *Public Health Act 1997*;

“**possess**” in relation to a radiation source, includes having the radiation source under control in any place, whether or not another person has the custody of the radiation source;

“**radiation management plan**” means a radiation management plan as specified in Regulation 8 of the *Radiation Protection Regulations 2006*.

“**radiation place**” means a place at which a radiation source is, or is to be, stored or used to carry out a radiation practice.

“**radiation practice**” means any activity, including storage, relating to a radiation source that may result, whether or not intentionally, in exposing a person, the environment or a thing to radiation;

“**radiation source**” means a thing, radioactive material or a radiation apparatus, that emits or may emit radiation which is not an exempted radiation source;

“**radioactive material**” means material that spontaneously emits ionising radiation as a consequence of nuclear transformations;

“**radiation apparatus**” means an apparatus that:

- a) produces radiation when energised; or
- b) is, if assembled or repaired, capable of producing radiation when energised
“exempted radiation source” means a thing, either radioactive material or a radiation apparatus, that would be a radiation source if it were not exempted from parts of the *Radiation Protection Act 2005* by the *Radiation Control Regulations 2006*.

“use” in relation to a radiation source, includes –

a  use radiation emitted from the radiation source; and

b  if the radiation source is radioactive material, administer to, or inject or implant the material into, a person, animal, plant or thing; and

c  cause the radiation source to emit radiation.
PART 2 – Conditions

The person responsible is to deal with radiation sources used in work related to the project; and use any place for the purposes of using or storing in that place a radiation source only in accordance with the following:

1. The person responsible must provide the Director of Public Health with the following information and documents:
   a. If the person responsible wishes to use a radiation source, a current certificate of compliance for the radiation source, unless the Director of Public Health has previously sighted the certificate related to that source;
   b. If the person responsible wishes to possess a radiation source to carry out a radiation practice, the proposed radiation management plan for the radiation practice;
   c. If the person responsible wishes to use any place for the purposes of using or storing in that place a radiation source, a current certificate of registration for the radiation place, unless the Director of Public Health has previously sighted the certificate of registration for that place; and
   d. A statement that the person responsible consents to the Director of Public Health providing the name of the person responsible, and any information relating to the person responsible acquiring, possessing, storing, transporting, installing, servicing, repairing, disposing of, or otherwise dealing, with a radiation source to the Commissioner of Police or any local authority, government department, statutory authority, or other agency of the State of Tasmania, another State, a Territory or the Commonwealth for the purposes of obtaining advice or a report.

2. The person responsible must provide the Director of Public Health with any other documents or information required by the Director.

3. The person responsible, if required by the Director of Public Health, must satisfy the Director of his knowledge or skills in relation to a radiation source, in a manner specified by the Director.

4. The Director of Public Health must be satisfied that:
   a. The person responsible, its directors and managers, are fit and proper persons to acquire, possess, store, transport, install, service, repair, dispose of or otherwise deal with a radiation source, having regard to any criteria prescribed in the Radiation Protection Act 2005 and its regulations;
   b. Each person who deals with a radiation source is a fit and proper person to be dealing with the radiation source, having regard to any criteria prescribed in the Radiation Protection Act 2005 and its regulations;
   c. A certificate of compliance is current for each radiation source;
SCHEDULE RP1

d In relation to a radiation source in possession of the person responsible to carry out a radiation practice, there is a radiation management plan for the radiation practice proposed and it contains any information prescribed in Radiation Protection Act 2005 and its regulations;

e In relation to the use of any place by the person responsible for the purposes of using or storing a radiation source in that place, there is a current certificate of registration for that place;

f Any other matter prescribed in the Radiation Protection Act 2005 and its regulations has been addressed satisfactorily; and

g Any other matter that the Director of Public Health considers relevant has been addressed satisfactorily.

5. The Director of Public Health, after considering any information provided to the Director by the person responsible or by any other person, has confirmed that the person responsible may, for a period of no more than 12 months from the date of confirmation:

a deal with radiation sources used in work related to the project; or

b use any place for the purposes of using or storing in that place a radiation source,

6. If after considering any information provided to the Director of Public Health, or obtained by the person responsible, the Director refuses to confirm that the person responsible may:

a deal with radiation sources used in work related to the project; or

b use any place for the purposes of using or storing in that place a radiation source;

the Director of Public Health is to communicate to the person responsible which of the conditions in this Schedule have not been satisfied.

7. For each radiation source that the person responsible uses to carry out a radiation practice, the person responsible must have a certificate of compliance.

8. For each radiation place in which the person responsible uses or stores a radiation source, the person responsible must have a certificate of registration.

9. Any other condition that the Director of Public Health considers appropriate for the particular radiation practice(s) being carried out.
SCHEDULE PH1

<table>
<thead>
<tr>
<th>Permit, licence or approval taken to have been issued</th>
<th>Certificate of Registration of a regulated system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act pursuant to which the permit, licence or other approval is taken to have been issued in relation to the conditions contained in this schedule</td>
<td>Public Health Act 1997</td>
</tr>
<tr>
<td>Person, body or State Service Agency responsible for the enforcement of the conditions contained in this schedule</td>
<td>George Town Council</td>
</tr>
</tbody>
</table>

Part 1 – Definitions

“Act” means the Public Health Act 1997;

“Director of Public Health”: means the Director of Public Health appointed under S.6 of the Act;

“threat to public health” means any event or circumstances which is likely to –
(a) damage, injure or compromise public health; or
(b) prevent or restrict the improvement of public health;

“premises” Includes –
(a) land; and
(b) a building or part of a building; and
(c) a structure or part of a structure; and
(d) fences, walls, outbuildings, service installations and other appurtenances of a structure; and
(e) a tent, stall or other temporary structure; and
(f) a boat or a pontoon;
forming part of the project.

“regulated system” means –
(a) an air-handling system; or
(b) a cooling tower; or
(c) a warm-water system; or
(d) a humidifying system; or
(e) any other system or process that may involve a risk of legionnaire’s disease (legionellosis) required to be registered under section 113 of the Act.
PART 2 – Conditions

The person responsible is to operate and maintain a regulated system on premises related to the project only in accordance with the following:

1. The person responsible must provide the public office of the George Town Council with the information it requires about the regulated system.

2. George Town Council has approved the regulated system after considering:
   a. Whether the regulated system may be operated and maintained in accordance with any directions under Section 118 of the Act; and
   b. The protection of public health.

3. The regulated system must operate and be maintained by the person responsible:
   a. In accordance with any directions given under Section 118 of the Act;
   b. In accordance with any guidelines issued by the Director of Public Health in relation to regulated systems, pursuant to Section 184 of the Act;
   c. In a manner that does not pose a threat to public health; and
   d. In accordance with any other conditions imposed by the George Town Council.

4. This approval to operate and maintain a regulated system is in force for the period of time specified by the George Town Council, or for a period of 12 months from the date on which approval of George Town Council is given, whichever is the lesser.

5. The person responsible must not operate and maintain a regulated system without complying with this Schedule.
SCHEDULE FA1

<table>
<thead>
<tr>
<th>Permit, licence or approval taken to have been issued</th>
<th>Certificate of Registration of a food business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act pursuant to which the permit, licence or other approval is taken to have been issued in relation to the conditions contained in this schedule</td>
<td>Food Act 2003</td>
</tr>
<tr>
<td>Person, body or State Service Agency responsible for the enforcement of the conditions contained in this schedule:</td>
<td>George Town Council</td>
</tr>
</tbody>
</table>

Part 1 - Definitions

Unless the contrary intention appears, words used in this Schedule have the same meaning as in the *Food Act 2003*
SCHEDULE FA1

PART 2 – Conditions

The person responsible is to conduct a food business related to the project, only in accordance with the following:

1. The proponent must provide the George Town Council with the following information:
   a information shown in Annexes 1 and 2;
   b information specified in the Food Safety Standards that is to be notified to the council of the municipal area in which the food business is located;
   c if required by the George Town Council, the design and fitout specifications, in the form specified by the council, of any premises or proposed premises in which food is to be handled in the course of conducting the food business; and
   d such other information as the George Town Council requires.

2. Any conditions that George Town Council considers appropriate after considering the information in clause 1.
Food Business
Notification of a Food Business

Food Business Proprietor’s Details

Name of Applicant
ACN (if a Company)
Address................................................................................................................ Postcode
Telephone .................................................................. Mobile Phone ...........................................................
Facsimile ............................................................................. Email

Business Details

Location of business (include all related premises in this Council area)

Name of business
Type of business (eg. Café, Bakehouse, Restaurant etc)
Types of food – please tick the box:

- Prepared, ready-to-eat table meals
- Frozen meals
- Raw meat, poultry or seafood
- Processed meat, poultry or seafood
- Fermented meat products
- Meat pies, sausage rolls or hot dogs
- Sandwiches or rolls
- Soft drinks/ juices
- Confectionery
- Processed fruit and vegetables
- Raw fruit and vegetables
- Infant or baby foods
- Bread, pastries or cakes
- Egg or egg products
- Dairy products
- Prepared salads
- Other _____________________

__________________________
Nature of business – please answer each question:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a small business (employs less than 50 persons for manufacturing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 10 persons for food service/retail?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Is the food that you provide, produce or manufacture considered to be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ready-to-eat when sold to the customer?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Do you process (chop, cook, dry, ferment, heat, and/or pasteurise)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the food that you produce or provide before sale or distribution?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Do you directly supply or manufacture food for organisations that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cater to the sick, elderly, children under 5 years of age or pregnant</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>women (such as hospitals, nursing homes or childcare centres)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be answered by manufacturing/processing businesses only:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you manufacture or produce products that are not shelf stable?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Do you manufacture or produce fermented meat products such as salami?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

To be answered by food service and retail businesses only (includes charitable
and community organisations, market stalls and temporary food premises):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you sell ready-to-eat food at a different location from</td>
<td></td>
<td></td>
</tr>
<tr>
<td>where it is prepared?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

Note: In accordance with Clause (4)(3) of Food Safety Standard 3.2.2, a food business must notify the council of any proposed change to the information specified on this form, as this may alter the classification of the business.

Fee and Signature

Application fee: $ .......................  
Signature of applicant for notification ................................................................. Date

Please lodge your completed form and application fee with the General Manager of the Council

Office Use Only

Receipt No.:

Date:
## Food Business

Application for **Registration/Renewal** of a Food Business (including mobile food business)

### Food Business Proprietor’s Details

<table>
<thead>
<tr>
<th>Name of applicant</th>
<th>.............................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN (if a Company)</td>
<td>......................................................................................................................................</td>
</tr>
<tr>
<td>Address</td>
<td>.......................................................................................................................................................</td>
</tr>
<tr>
<td>Telephone</td>
<td>.................................................................................................................................................</td>
</tr>
<tr>
<td>Facsimile</td>
<td>.................................................................................................................................................</td>
</tr>
<tr>
<td>Details of skills and knowledge (food safety qualifications, training or experience) of the proprietor and food handlers (please attach details if insufficient space).</td>
<td>.................................................................................................................................................</td>
</tr>
</tbody>
</table>

### Business Details

| Location of business | ............................................................................................................................................. | 
| Name of business     | ............................................................................................................................................. | 
| Contact person       | ............................................................................................................................................. | 
| Telephone            | ............................................................................................................................................. | 
| Facsimile            | ............................................................................................................................................. | 
| Emergency contact    | ............................................................................................................................................. | 
| Type of business     | (eg. Cafe, Bakehouse, Restaurant etc) ..................................................................................... | 
| Types of food        | ............................................................................................................................................. | 
| For Mobile Food Business- vehicle registration number and address where garaged | ............................................................................................................................................. | 
| Proposed hours of operation (or attendance on site): | 
| Mon                  | ............................................................................................................................................. | 
| Tue                  | ............................................................................................................................................. | 
| Wed                  | ............................................................................................................................................. | 
| Thu                  | ............................................................................................................................................. | 
| Fri                  | ............................................................................................................................................. | 
| Sat                  | ............................................................................................................................................. | 
| Sun                  | ............................................................................................................................................. | 

*Please continue over the page*
Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system *(Please attach details if insufficient space)*. .............................................................................................................................. ............................

**Plans and Specifications** - new or altered food businesses only

For new or altered premises (including mobile food businesses), please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

**Fee and Signature**

Application fee: $ ........................
Signature of applicant for registration/renewal .................................................... Date ...... / ...... / ......

*Please lodge your completed form and application fee with the General Manager of the Council*

**Office Use Only**

Receipt No.:  ........................................

Date:  ........ / ...... / .........