

# Food Act 2008 Section 88 Application for Approval of an Analyst

# **PART A: ANALYST DETAILS**

Analyst Name:				
(Full name)				
Postal Address:				
Laboratory Name and Address:				
(where analyses will be performed)				
In this laboratom, a Food Act O	0000 (\0/0 ) (000000000000000000000000000000000	- d     -   -   -   -   -   -   -   -		
Is this laboratory a Food Act 2008 (WA) 'approved laboratory'?				
Phone:	A/H:	Fa	ax:	
Email:				
Details of any direct or indirect interest in any food business as required under section 90				
of the Food Act 2008 (WA):				
Scope of analyses to be performed:				
(please attach details if more space required)				

### PART B: DOCUMENTATION

Please attach copies of the following:

- The certificate of accreditation of the laboratory to be used by analyst issued by the National Association of Testing Authorities (NATA) for ISO-IEC 17025-2005;
- The scope of accreditation from NATA detailing the required analyses;
- Most recent evidence from NATA of current signatory approval for the required analyses;
- Any approvals that have been issued by other State jurisdictions in accordance with their respective Food Acts; and
- Any other supporting documentation relevant to your application.

## **Declaration:**

I, the person making this application, declare that:

- the information contained in this application is true and correct in every particular;
- the prescribed fee is enclosed with this application (see Part C);
- I will only agree to perform analyses for the purposes of the Food Act 2008 that I will be able to confidently validate in any court proceeding; and
- All applicable test reports will be issued on a certificate of analysis that complies with the requirements of Part 7 of the Food Act 2008.

Name of applicant:	
Signature of applicant:	
Date:	

The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008*. In accordance with section 93 of the *Food Act 2008* (WA), certain details (analyst name, contact details and scope of approval) will be made publicly available.

### PART C: PAYMENT OF PRESCRIBED FEE OPTIONS

Application fee:	\$255 (GST-exempt)	
☐ By Cheque		
Enclose a cheque or money order made payable to	<b>Department of Health WA</b> and forward payment to:	
Food Unit		
Environmental Health Directorate		
PO Box 8172		
Perth Business Centre WA 6849		
☐ By Credit Card		
Please charge my MasterCard	Visa	
Card No	Card Expiry Date	
Cardholder's Name (please print)		
Cardholder's Signature	Amount Paid \$	
Enquiries		
Food Team, Department of Health		
PO Box 8172, Perth Business Centre WA 6849		
Ph: (08) 9222 2000		
Email: foodsafety@health.wa.gov.au		

# This document can be made available in alternative formats on request for a person with disability.

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