#### FORM 1

## THE PUBLIC HEALTH ACT APPLICATION FOR LICENCE TO OPERATE A FOOD-HANDLING ESTABLISHMENT

Address			***************************************	
Account of the second	ess or proposed	***************	***************************************	***************************************
		t		
Name of operat				
Food-handling	establishment		***************************************	
Type of food pr		4		
Sold in food-har	ndling establishment	***************************************	***************************************	***************************************
	ndling establishment	***************************************	***************************************	***************************************
	ited by you been closed	ĺ		·
down by a Publi	ic Health Authority?		*******	********
			Yes	No
*Has the food-h	nandling establishment	to		
which this appli	cation relates been clos	ed		
closed down by	a Public Health Author	ity?	*******	******
			Yes	No
*if yes, state da	te of closure			
				***************************************
Date			Signatu	re
-		FOR OFFICE	USE ONLY	
Documents sub	mitted:	1		
		2		
		3		
		4		
Amount of fee	paid	•		
	ation of food-handling			
establishment	action of loca-tianuming			
Remarks			•	
Recommendation	on			
Licence granted			No.	
Licence refused				
Date			Signature and office of	
			person who carried out	
		7.0	examination	

### THE PUBLIC HEALTH ACT APPLICATION TO RENEW LICENCE FOR FOOD -HANDLING ESTABLISHMENTS

Name:	314444 1147 11474 1444 1444 1444 1444 14	***********************************		
Address:	********************			
Number of Licence	1, v			
Date Licence granted	******************			
Was licence suspended?	*******************			
If yes, date of suspension				
Name and address of food-handling establishment				
	····		***************************************	
Name and address of person operating Food-handling establishment				
Type of food to be sold in food-handling			,	
· ·			. ,	
Date	*	Signature		
4	FOR OFFICE U	SE ONLY	CO DAN AND THE COLOR OF THE COL	
Documents submitted:	1			
	2			
	3			
	4			
Amount of fee paid		No. of Licence granted		
Date of examination of food-handling establishment Remarks				
		Signature and office of person who carried out examination		
	-			

# Form5 THE PUBLIC HEALTH ACT APPLICATION FOR FOOD HANDLERS PERMIT

Name			and the second s		
Address					
Age	Sex				
Occupation					
Name of			And the state of t	n north commander gath sind use equal on your last colored an object to last colored and excess on the	
Employer	*				
Have You Ever App			A SEE OF THE PROPERTY OF THE P		
or a Food Handle	r's Permit		water a sec		
IVAS MIIIIII AIIIIII IS	TAINED OF ROTHER				
T Ketuse State Rea	ason				
	nd Handler's Permit	• .			
Number of Last Fo	od Hallatot 21 Chilli	~			
FOR OFFI	Signatu  CE USE ONL	re	TARREST MANAGEMENT		
FOR OFFI	CE USE ONL	<u>.Y</u> .	TARREST TO THE PARTY OF THE PAR		
FOR OFFI  Amount of Fee Paid Date of Medical E	Signatu  CE USE ONL	Y .	· ·		
FOR OFFI  Amount of Fee Paid Date of Medical E Permit Granted/R	CE USE ONL	Y .			
FOR OFFI  Amount of Fee Paid Date of Medical E Permit Granted/R	CE USE ONL	Y .			
FOR OFFI  Amount of Fee Paid Date of Medical E Permit Granted/R	Signatu  CE USE ONL	Y .			
FOR OFFI  Amount of Fee Paid Date of Medical E Permit Granted/R Reason For Refus	CE USE ONL  Examination  Refuse  al	Y .			
FOR OFFI  Amount of Fee Paid Date of Medical E Permit Granted/R	CE USE ONL  Examination  Refuse  al	Y .			

#### MINISTRY OF HEALTH FOOD HANDLERS INTERVIEW FORM

	Dat	te of Birth	**************************************
NameAddress			
Address			*******
Business Address		(W)	
Business Address(C)	Postaurant :	and Catering(	
Category of Food Handlers: General ( ) Basic (	Restaurence	Jillia da i i	
Voc   NO!		No()	
Have you ever had typhoid or parathyphoid fever?	Yes ( )	1101	
Are you suffering from?		No()	
Skin rash	Yes ( )	No()	
♣ Boils or sores	Yes ( )		No()
<ul> <li>Boils or sores</li> <li>Diarrhea and /or vomiting now or within the</li> </ul>	a last seven ua	No ( )	
<ul> <li>Discharge from the eyes</li> </ul>	1697 1	No ( )	
Discharge from the ears	Yes ( )	No ( )	
Discharge from the nose	Yes ( )	140 ( /	
i and investigated abroad?		Yes ( )	No ( )
	*****************		No ( )
When	**********		
Have you travelled recently?	whon		***************************************
Have you travelled recently? . If yes, where	. wileii		
Physical Examination			
Withlow:			
Hands:			
Fingernailt			
Teeth:			
Medical Examination (If Conducted)			
Test recommended:	,		
Result:			
Educational sessions	100		
Result of quiz			
Result of quiz			
Name ,address and telephone number of doctor			
Name ,address and telephone no			
Name	, , , , , , , , , , , , , , , , , , , ,	*******************	Advantage of a company of a series of the se
NameTe	lephone #		
Address			