



Ugu Distrik Munisipaliteit

Ugu District Municipality

Ugu Umasipala Wesifunda

**ECONOMIC DEVELOPMENT & ENVIRONMENTAL SERVICES
ENVIRONMENTAL HEALTH SERVICES**

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The Owner/Manager

Re: CERTIFICATE OF ACCEPTABILITY ISSUED IN TERMS OF REGULATIONS GOVERNING GENERAL HYGIENE REQUIREMENTS FOR FOOD PREMISES, THE TRANSPORT OF FOOD AND RELATED MATTERS: REGULATIONS No. R638 OF 22 JUNE 2018 PROMULGATED UNDER THE FOODSTUFFS, COSMETICS & DISINFECTANTS ACT (ACT 54 OF 1972)

The undersigned wishes to inform you that the abovementioned regulation governing general hygiene requirements for food premises and the transport of food was published in Government No. 41730 dated 22 June 2018

These regulations are applicable to all premises on which food is handled. Handle is defined as follows:
"handle" includes manufacture, process, produce, pack, prepare, keep, offer, store, transport or display for sale or for serving, and handling has a correspondence meaning. It is apparent that diverse premises such as restaurant, spaza shops, milk premises, green grocers, food hawkers etc. all fall with the definition of food handling premises.

Your attention is especially drawn to the fact that all food premises must obtain **Certificate of Acceptability** to handle or permit food to be handled on such premises.

The following procedures are in place and should be followed by the owner/manager of a food premises to obtain a Certificate of Acceptability:

1. The person in charge of any food premises must complete the attached application form and forward it forthwith to the Environmental Health Department.
2. On receipt of an application the local Environmental Health Practitioner will carry out an inspection and if satisfied, issue a Certificate of Acceptability in the name of the person in charge, e.g. butchery, bakery and supermarket.
3. The Certificate of Acceptability shall be displayed in a conspicuous place for the information of the public on the food premises in respect of which it was issued.

PLEASE NOTE

The Certificate of Acceptability:

- a) Shall not be transferable from one person to another or from one food premises to another.
- b) Shall be valid only in respect of the nature of handling set out in the application for a certificate.
- c) May at any time be endorsed by the Ugu District Municipality.
- d) Shall expire temporarily for the period during, which a prohibition is in effect.
- e) Shall expire permanently if a prohibition referred to be not removed within a stipulated period, which shall exceed six months from the date on which a notice was issued.
- f) Shall expire permanently if the provisions are not complied with.

No person may make any unauthorised changes or additions to, or forge a Certificate of Acceptability.

No person shall handle food or permit food to be handled.

- a) On a food premises in respect of which a valid Certificate of Acceptability has not been issued or is not in force.
- b) In contravention of any restriction or condition of acceptability.

**MS VASIE MANAWER
MANAGER: ENVIRONMENTAL HEALTH SERVICES**

**ECONOMIC DEVELOPMENT & ENVIRONMENTAL SERVICES
ENVIRONMENTAL HEALTH SERVICES**

Act 54 of 1972 (Annexure A)

(Vol 636. No 41730)

**ANNEXURE A
(Regulation 3 (2))**

APPLICATION FORM FOR A CERTIFICATE OF ACCEPTABILITY

A. TYPE OF FACILITY

(Please tick the type of food facility for which you are applying for a Certificate of Acceptability)

General Dealer/Retailer	<input type="checkbox"/>	Take-Away	<input type="checkbox"/>	Wholesaler/Distributor	<input type="checkbox"/>
Butchery	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Crop farming	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Informal Food Vendor	<input type="checkbox"/>	Processing Plant	<input type="checkbox"/>
Mobile Unit	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Home industry	<input type="checkbox"/>
Other (Specify)					

B. PARTICULARS OF APPLICANT / PERSON IN CHARGE

Details of person in whose name the Certificate of Acceptability will be issued

Surname		
First Names		
Capacity (e.g. owner, managing director, manager)		
I.D./Passport No.		
Supporting Documents:	Copy of RSA identification document	<input type="checkbox"/>
	Copy of Valid Passport, if applicable	<input type="checkbox"/>
	Copy of Resident documentation, If an immigrant	<input type="checkbox"/>
	Copy of the Company/Close Corporation Registration Certificate indication all Directors/members and addresses, if applicable	<input type="checkbox"/>
	Copy of valid zoning certificate	<input type="checkbox"/>
	Copy of valid Business Licence	<input type="checkbox"/>
Postal Address		
Residential Address		
Tel No: Business		
Tel No: Residential		
Cell No		
E-mail		

C. PARTICULARS FOR FOOD PREMISES/OWNER OF VEHICLE

Name of Food Premises / Business Trading Name (if any)		
Type of food premises (e.g. building, vehicle/mobile cart, stall) [Regulation 3 (1) (a)]		
Business Licence Number		
Physical Address of Food Premises (where will food be prepared and sold from?)	Building Name (if applicable)	
	Shop Number & Floor Level (if applicable)	
	Street Number & Name	
	Erf(Lot) Number	
	Suburb	
Mobile trader / Informal trader - approved site of operation		
Postal Address of Food Premises		
Physical Address (In the case of a business solely in the business of transporting perishable food on behalf of someone else)		
Registration No. of Vehicle (s) to be used for the transporting of Perishable / Prepacked Foodstuffs [Regulation 3(1)(a) and 14(6)(a)]		
Physical location/areas where perishables are transported to?		

If the following are not situated on the food premises, state the address or describe the location thereof:

	Physical Address	Location
Sanitary (latrine) facilities		
Cleaning facilities (washbasins for facilities)		
Hand-washing facilities		
Storage facilities for food / facilities		
Preparation premises		

D. FOOD CATEGORY

List and describe the food items or the nature or type of food involved.

E. QUANTITIES OF FOOD TO BE HANDLED

Indicate envisaged production output or number of persons to be catered for.

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F. NATURE OF HANDLING

List and describe what your activities will entail (e.g. preparation or packing and processing)

G. STAFF

Number of persons employed or to be employed.

Males		Females		Total	
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H. PARTICULARS OF EXEMPTION BEING APPLIED FOR (Regulation 14 (1))

I. PLAN OF PREMISES (where applicable)

Attach to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

J. DECLARATION:

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)C]

The evaluation and the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.

Should conditions change as set out in Regulations 3 (5) – (10), I am bound to re-apply for the premises to be re-evaluated for acceptability under these regulations.

Date of Application: _____

Signature of Person in charge: _____

Signature of Owner (if not person in charge): _____

K. FOR OFFICIAL USE:

NAME OF EHP: _____

DATE INSPECTION CONDUCTED: _____

APPLICATION APPROVED: YES NO

SUPPORTING DOCUMENTS ATTACHED: YES NO

SIGNATURE OF EHP: _____

ENDORSED BY SUPERVISOR: _____
SIGNATURE OF SUPERVISOR

DATE ENDORSED