Tasmanian Dairy Industry Authority

ANNUAL RETURN DAIRY PROCESSING

PRIMARY PRODUCE SAFETY ACT 2011

Complete and return this form and any attachment to:
P O Box 303 Devonport Tas 7310
or email to: enquiries@tdia.tas.gov.au

Enquiries and Assistance:
Phone: (03) 6478 4100
Email: enquiries@tdia.tas.gov.au

Please read prior to completing your Annual Return

- This form is to be ***filled out and signed*** by the proprietor of a Dairy Processing business holding the accreditation.
- All sections of the form must be completed and returned no later than ***31 July***.
- Further information or supporting document (such as a company search) may be required before this form is processed. The TDIA will only carry out such searches or obtain information on your behalf with your consent, and on the basis that you will be responsible for payment of the costs of such searches or obtaining information.
- Completion and lodgement of the Annual Return is a ***legal requirement under Section 16 of the Act*** and failure to accurately complete and lodge this form may result in suspension or revocation of the accreditation.

Accreditation Number (please provide): _____

Applicant (Proprietor) Personal Details

Note: Accreditation can only be issued in the name of an individual or business.

Title (please tick appropriate box): Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐

Name (first name and family name): _____

Phone Number (s): _____

Email Address: _____

Position in Business: _____

Preferred method of contact (please tick appropriate box): Phone ☐ Email ☐ Post ☐

Business Details

Type: Sole Trader ☐ Partnership ☐ Trust ☐ Company ☐

Business Name: _____

Trading Name: _____

Australian Business Number (ABN): _____

Australian Company Number (ACN): _____

Location of Business Premises: _____

Postal Address (if different to above): _____

Email for invoice (if different to applicants): _____

Premises Details

Please list details of the location of the business premises listed above.

Location of Business Premises: _____

Postal Address (if different to above): _____

Management Details

Please list all persons who manage or control the day-to-day operations of the business, including all directors or partners in the business and key personnel such as production manager, quality manager etc. If more space is required, please attach the additional information to the back of this form.

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Activity Details

Please indicate all types of operations carried out by your business by ticking the applicable boxes and adding other relevant licensing and registration details (where applicable).

What type of milk is used at the premises (more than one selection can be made):
Cow ☐ Sheep ☐ Goat ☐ Buffalo ☐
Do you receive raw milk or cream at the premises: Yes ☐ No ☐ If yes (more than one selection can be made): Do you receive raw milk or cream directly from: Dairy Farmers ☐ Dairy Manufacturers ☐
Is your business registered with local government as a food premises under the *Food Act 2023*: Yes ☐ No ☐
Are you registered with the Department of Agriculture to export dairy food? Yes ☐ No ☐ Export Registration Number: _____
Type of dairy products manufactured (please indicate the types of products you intend to manufacture from the list below): ☐ Butter, fats and spreads (including cultured butter) ☐ Cheese (all varieties) ☐ Fermented milk products (yoghurt, fermented milk drinks) ☐ Ice Cream and Dairy desserts (including fromage frais, mousses, custards) ☐ Dairy-based dips and pate ☐ Dried milk powders (including ice-cream mix) ☐ Condensed milk (sweetened and unsweetened) ☐ Evaporated milk (sweetened and unsweetened) ☐ Frozen milk products (ice cream) ☐ Pasteurised and UHT milk (all varieties) ☐ Cream (all varieties and fat contents) ☐ Other dairy products (including colostrum) (please list product type) _____ _____ _____ _____ _____ _____

Do you supply dairy products to another TDIA licenced dairy manufacturer or processor for further manufacture of packaging (if yes please list product type and estimated quantity):
Yes ☐ No ☐
Product _____
Quantity by weight _____
Quantity in litres _____
Milk intake and processing capacity:
Actual milk intake for financial year period (1 July to 30 June)
year:_____ litres
How many days per week did you operate: _____ days
Did you process more than 3,000 litres of milk or cream in any one shift or day:
Yes ☐ No ☐

Declaration of Notifier

IMPORTANT: It is a requirement of the Chief Inspector of the *Primary Produce Safety Act 2011*, that a person must not, in completing or signing this notification form, internationally provide any information that is false or misleading.

I, _____

of _____

declare that the particulars set out in this notification are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Privacy Statement

Commercial information will be treated as confidential and will not be disclosed to third parties unless the TDIA is required to do so under legislation or by the order of a court or tribunal.

Business information will be used for the primary purpose for which it is collected and may be disclosed to courts and other agencies authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to TDIA.

Information recorded on the register of accredited producers established under the Act is public information and may be accessed by any member of the public on written request to the Chief Inspector.