



WEST RAND DISTRICT MUNICIPALITY



ANNEXURE B [Regulation 3(5)(a)(i)]

CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

This COA shall not be transferable from premises to premises;

A. ISSUING LOCAL AUTHORITY:

WEST RAND DISTRICT MUNICIPALITY	MUNICIPAL HEALTH SERVICES FIRE STATION: C/F PAARDEKRAAL & COMMISSIONER STREET KRUGERSDORP; 1740 TEL: (011) 411-5235	CERTIFICATE No: MOG105/19/FP
		FILE/REF: 12/10/1

B. FOOD PREMISE

NAME	BLACK RIDGE FOODS T/A BLACK MOUNTAIN FOOD
ADDRESS 1 (Location or trading area, erf No. or vehicle registration no)	1 BASKIN STREET DELPORTON
ADDRESS 2 (Where food is processed)	1 BASKIN STREET DELPORTON
TYPE OF FOOD PREMISE (Brick building/caravan/etc...)	BRICK BUILDING

C. PERSON IN CHARGE

NAME	CHARLE MEINTJES
I.D. NUMBER / PASSPORT NUMBER	6806085145088
TEL NO	0715105946

D. VEHICLE(S) TRANSPORTING PERISHABLE FOOD / PREPACKED FOOD [Regulation 3(1)(a) & 14(6)(a)]

NAME OF COMPANY (if any)	
NAME OF OWNER/ PERSON IN CHARGE	
PHYSICAL ADDRESS (Location or Trading Area and stand no.)	
AREAS WHERE FOOD IS TO BE TRANSPORTED:	
VEHICLE 1: REGISTRATION NUMBER	
VEHICLE 2: REGISTRATION NUMBER	
VEHICLE 3: REGISTRATION NUMBER	

E. NATURE OF HANDLING (List and describe what the activities will entail (e.g. preparation, packing, and/ or processing))

FULL MENU PREPARATION AND TAKE AWAYS.

F. CERTIFICATION AND RESTRICTION

It is hereby certified that the above-mentioned food premises comply with the provisions of regulations 5 and 6 made by Government Notice No. R.638 of 22 June 2018 in respect of PREPARATION (the handling of food in the manner specified).

Restrictions, conditions or stipulation in terms of regulation 3 (1)(b)

This Certificate of Acceptability shall be valid only in respect of the nature of handling set out in the application for a Certificate of Acceptability;

This Certificate of Acceptability shall not be transferable from one person to another person or from one food premises to another food premises;

This Certificate of Acceptability may be endorsed by a Local Authority by – the addition of any further restrictions that may be necessary to prevent a health hazard.

G. SIGNATURE OF INSPECTOR (EHP)

OFFICIAL DESIGNATION:	NAME:	HPCSA No.:	SIGNATURE:	DATE:
EHP	M SEABI	0079936		15 APR 2019

H. APPROVED BY

OFFICIAL DESIGNATION:	NAME:	HPCSA No	SIGNATURE:	DATE:
MANAGER / CHIEF / SUPERVISOR	C NTIMBANI	0061964		15 APR 2019

I. ENDORSEMENTS / EXEMPTIONS in terms of regulation 14(1)

ENDORSEMENTS / EXEMPTIONS	DATE	SIGNATURE OF INSPECTOR
NONE		

This Certificate shall be displayed in a conspicuous place for the information of the public on the premises in respect of which it was issued.