Self Assessment form – Compliance for low risk

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|  | **Premises:** |  |  |  |
|  | **Business Address:** |  |  |  |
|  | **Contact Name:** | **Correspondence Address:**(if different from above) |  |
|  | **Position in business:** |  |  |  |
|  | **Telephone No:** |  |  |  |
|  | **E mail address:** |  |  |  |
| **1** | **Activities**What is your main food activity (eg group support, groceries, breakfast/after school club etc.)………………………………………………………………………………………………………………………………………..................................................... |
|  | Has your food activity changed in the last 3-5 years? |  | **YES** | **NO** |
| If “yes” please give details of changes ……………………………………………………..………………………….……………………………………………………………………………………………………………………………… |
| **Customers**Approximately how many people do you feed? (*per day,week or month )*…………………………………………….. |
| **2** | **Foodstuffs**Do you offer any of the following foods from your premises? |  |  |
|  | Low risk wrapped food (sweets, crisps, drinks, cakes etc.) |  | **YES** | **NO** |
|  | High risk wrapped food (cheese, milk, sandwiches etc.)Low risk open food (toast, cereal, salad, fruit, vegetables etc.) | **YES****YES** | **NO****NO** |
|  | High risk open food (pies, pasties or food preparation) |  | **YES** | **NO** |
|  | Hot food (either cooked or re heated on the premises) |  | **YES** | **NO** |
|  | Imported food |  | **YES** | **NO** |
|  | Labelling food or describing food on a menuPlease describe the most hazardous foods you prepare or sell on the premises( unwrapped food, cooked/raw meats, hot or cold filled rolls /sandwiches, cheese, ice cream, milk, eg…………………………………………………………………………………………………………………………………. | **YES YES** | **NO NO** |
| **3** | **Temperature Monitoring** |  |  |  |
|  | Do you use any of the following equipment for the business? |  |  |
|  | Fridges or Chilled Display Cabinets |  | **YES** | **NO** |
|  | Freezers |  | **YES** | **NO** |
|  | How do you measure the temperature of the above?……………..…………………………………………………………………. |
|  | What temperature should the fridge be? ……………………………………………………………………………………………………… |
|  | Do you reheat food? |  | **YES** | **NO** |
|  | Do you have a probe thermometer? |  | **YES** | **NO** |
|  | If yes, what temperature do you reheat to? …………………………………… |  |  |
|  | Do you keep written records? |  | **YES** | **NO** |

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| **4** | **Food Hygiene Training** |  |  |  |
|  | Number of food handlers employed/volunteers by you: | Full time………… | Part time…………. |
| **5****6** | Have you or any of your employees (or volunteers) received any food hygiene training? **YES NO**If yes to the above, provide details of the training:……………………………………………………………………………………………….......................................................**Suppliers:** Which food suppliers do you use?……………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………. What checks do you make on the food when it is delivered or before you purchase it at the retailer?……………………………………………………………………………………………………………………………………………………………………….**Stock rotation**Do you check the use by/best before dates of stock? **YES NO**If yes, how often do you check them? (Daily/weekly/monthly) …………………………………………………………… |
| **7** | **Facilities** |  |  |  |
|  | Do you have a toilet and wash hand basin on the premises? |  | **YES** | **NO** |
|  | Do you have a wash hand basin in the kitchenDoes it have hot water, soap and hygienic hand drying facilities? | **YES****YES** | **NO****NO** |
| **8** | **Structure** |  |  |  |
|  | Are the walls, floor and ceiling and fittings in good condition, madeof suitable materials which enable you to clean and/or disinfect them? | **YES** | **NO** |
| **9** | **Cleanliness and Disinfection** |  |  |  |
|  | Do you have a Cleaning Schedule? |  | **YES** | **NO** |
|  | How often does the premises receive a: |  |  |  |
| Deep Clean ……………………………………………………………………………………………………….………………………………………. |
| General Cleaning and/or disinfection……………………………………………………………………………………………………………Do you use an antibacterial spray prior to food preparation? **YES NO**Do you use a dishwasher? **YES NO** |
| **10** | **Waste** |  |  |  |
| How do you dispose of your waste materials/packaging?………………………………………………………………………………………………………………………………………………………………… |
| **11** | **Pest Control** |  |  |  |
|  | Do you have a Pest Control contract? |  | **YES** | **NO** |
| **12** | **EHO Visit:** When returning this form, please include a copy of your latest Environmental Health Report. |
| Signed:……………………………………………………..………………. Date: …………………………………………………………………………..Print name…………………………………………………………………………………………………………………………………………………………… |

Any additional information……………………………………………………………………………………………………………………………………