|  |  |  |  |
| --- | --- | --- | --- |
| Premises reference**Low risk food premises questionnaire**  |  | Business name |  |
| Address |  | Head office address and telephone number (if different) |  |
| Telephone number/s |  | Email address |  |
| Website address |  | Type of food business  |  |
| Name of proprietor/s |  |
| Do you ever prepare more than 20 meals per day?  | Yes [ ]  No [ ]  |
| Do you sell any of your food to other food businesses?  | Yes [ ]  No [ ]  |
| If yes, please state where? |  |

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| **Food Preparation and monitoring**  |
| Please tick each of the foods that you are involved with and the level of involvement that you have. Please tick all boxes that apply.  |
| **Food types** | **Storage** | **Preparation** | **Cooking** | **Sale/delivery** |
| Eggs and soft cheese |  |  |  |  |
| Other dairy  |  |  |  |  |
| Raw milk (unpasteurised) |  |  |  |  |
| Raw meat  |  |  |  |  |
| Cooked meats |  |  |  |  |
| Raw fish and/or shellfish  |  |  |  |  |
| Cooked fish and/or shellfish |  |  |  |  |
| Fruit and vegetables |  |  |  |  |
| Sandwiches/pies |  |  |  |  |
| Rice |  |  |  |  |
| Confectionary  |  |  |  |  |
| Alcoholic drinks |  |  |  |  |
| Beverages and soft drink |  |  |  |  |
| Bakery goods |  |  |  |  |
| Please give a brief description of the activities undertaken in your food business |
|  |
| Does your business involve any of the following: |
| Chilled foods | Yes [ ]  No [ ]  | Frozen foods | Yes [ ]  No [ ]  |
| If yes, what temperature do you ensure you fridge is operating at?  |  |
| Do you record the results of your fridge monitoring?  | Yes [ ]  No [ ]  |
| How is your water supplied?  | Mains [ ]  Private supply [ ]  |
| Does your business involve any of the following activities? |
| Bottling | Yes [ ]  No [ ]  | Packing | Yes [ ]  No [ ]  |
| Vacuum packing and/or canning | Yes [ ]  No [ ]  | Smoking/curing/salting | Yes [ ]  No [ ]  |
| If you have ticked yes to any of the above, please give a brief description: |
|  |
| **Structure and facilities**  |
| Are the following surfaces in the kitchen which you prepare food in good repair, non absorbent and easy to clean? |
| Walls | Yes [ ]  No [ ]   | Floors | Yes [ ]  No [ ]  |
| Ceilings | Yes [ ]  No [ ]  | Doors/windows | Yes [ ]  No [ ]  |
| Do you have a basin in the kitchen with a supply of hot and cold water, soap and hygienic hand drying facilities?  | Yes [ ]  No [ ]  |

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| **Cleaning**  |
| Do you use the following cleaning products? |
| Anti-bacterial spray/sanitiser | Yes [ ]  No [ ]  | Disinfectant | Yes [ ]  No [ ]  |
| Detergent  | Yes [ ]  No [ ]  | Dishwasher | Yes [ ]  No [ ]  |
| Disposable cleaning cloths | Yes [ ]  No [ ]  | Re-usable cleaning cloths | Yes [ ]  No [ ]  |
| Please use the space below to describe your arrangements for waste disposal? |
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| **Training**  |
| Have you received food hygiene training?  | Yes [ ]  No [ ]  |
| Name of course  |  | Date  |  |
| How many staff do you employ? |  | How many of your staff prepare food in the course of your business? |  |
| What level of training have your staff received? |  |

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| **Pest control**  |
| Who undertakes pest control on site?  | In-house [ ]  Contract [ ]  |
| If you have a pest contract please give the company name  |  |

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| **Food Safety Management System**  |
| Do you have a documented food safety management system | Yes [ ]  No [ ]  |
| Please tick to indicate which type of system you have in place |
| Safer food better business | Yes [ ]  No [ ]  | In-house procedure  | Yes [ ]  No [ ]  |
| Winchester City Council guidance pack  | Yes [ ]  No [ ]  | Other  | Yes [ ]  No [ ]  |
| If you have ticked other, please give details |  |
| Please use the space below to give any other information you feel may be relevant  |
|  |
| Signed  |  |
| Name (print) |  |
| Position in company  |  |
| Date  |  |