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| --- | --- | --- | --- | --- |
| 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 | |  | | | | |