

**HAND WRITTEN REPORT OF A
 FOOD HYGIENE INSPECTION**

INSPECTION Date: Time: Reason: Programmed Other (specify): _____
 Inspection

Whole of Premises: or Part of Premises (specify): _____ Flare INU Ref No:

Business Name: Person Seen / Interviewed:

Address Position:

Type of Premises

RECORDS/DOCUMENTS ASSESSED (N/A = Not Available, ✓ = Satisfactory, X = Unsatisfactory)

Hazard Analysis Temperature Logs Training Pest Control Cleaning Other _____

SPECIFIC LEGISLATION UNDER WHICH THE INSPECTION WAS CARRIED OUT : Food Safety Act 1990,
 Food Safety (General Food Hygiene) Regulations 1995, Food Safety (Temperature Control) Regulations 1995

SUMMARY OF MATTERS DISCUSSED WHICH REQUIRE YOUR ATTENTION

1) Inadequate temperature control of food <input type="checkbox"/>	2) Food exposed to risk of contamination <input type="checkbox"/>	3) Structure not kept clean and in good repair <input type="checkbox"/>
4) Equipment not kept clean and in good repair <input type="checkbox"/>	5) Poor standards of personal hygiene <input type="checkbox"/>	6) Hazard analysis deficiencies <input type="checkbox"/>
7) Inadequate training, supervision, instruction <input type="checkbox"/>	8) Missing/inadequate washing facilities for food/equipment <input type="checkbox"/>	9) Missing/inadequate handwashing facilities <input type="checkbox"/>
10) Inadequate refuse storage/disposal <input type="checkbox"/>	11) Pest control deficiencies <input type="checkbox"/>	12) Stock control / rotation problems <input type="checkbox"/>
13) <input type="checkbox"/>	14) <input type="checkbox"/>	15) <input type="checkbox"/>

SUMMARY OF ACTION TO BE TAKEN BY THE FOOD AUTHORITY

Advice only Handwritten schedule only Warning Letter Improvement Notice Emergency Prohibition Notice

Other (specify): _____

COMPLIANCE WITH REQUIREMENTS WILL BE ASSESSED:

On a revisit - Revisit to be made on or after:

OR

On next programmed inspection: (Subject to random selection for revisit to check for compliance)

Authorised Officer Name in capitals

Designation Date

Recipient Name in capitals

NB This report covers only those areas inspected at the time of the visit.
 The absence of comment does not indicate compliance with the Food Safety Act 1990 or any regulations made thereafter.

COPY TO BE SENT TO HEAD OFFICE? Y / N/A Date Sent

To be read in conjunction with the Hand Written Report of a Food Hygiene Inspection, issued on

.....relating to (premises):

REF. NO. FROM REPORT OF FOOD INSPECTION HYGIENE **CONTRAVENTIONS (ACTION NEEDED TO MEET STATUTORY REQUIREMENTS)**

RECOMMENDATIONS OF GOOD PRACTICE (NOT BEING LEGAL REQUIREMENTS)

Authorised Officer (Print): _____ **Signature:** _____

Recipient of this Schedule: _____ **Signature:** _____

AGREED DEADLINE FOR COMPLETION: _____

POST INSPECTION ENCLOSURES

- Food Hygiene Folder left on site with Inspection documentation and NBBC Leaflets (Food Law Inspections & After Your Inspection), together with the following leaflets:
 - FSA - Guide to Food Hygiene
 - FSA - Food Safety Regulations
 - FSA - Guide to Food Hazards and Your Business
 - FSA - Food Safety (A practical guide for managers)
 - Industry Guide summary sheet: _____
 - Other (specify): _____