

LOW RISK FOOD PREMISES INSPECTION RECORD

GENERAL

OFFICER: _____

Date Inspection Due: _____ Actual Inspection Date: _____ INU Ref. _____

Premises Name & Address: _____

Proprietor's Name & Address: _____

Nature of Food Business (Usage): _____

Visit Type: Programmed Inspection (J) Non-scheduled Inspection (N)

Person Seen (Contact): _____ Dept/Designation: _____

Areas Inspected: All Some (specify): _____

Records/docs checked: None checked All avail recs/docs No recs/docs avail Some recs/docs checked

Samples Taken: None Samples taken Swabs taken Samples & swabs taken

(+ details: _____)

Action (Type): Further Action (RV to follow) RV Date: _____

Advice Only/NFA INU Ref: _____

Template Type: F01 – Advice/Guidance Only
 F02 – Infringements (i.e. contraventions – for the purposes of the FSA Return)

Time Allocation:

ITEM	Units
Travel	
Inspection Start Time:	
Pre- & Post- Inspection Admin (C16s)	+ Admin Team:

Pre-Inspection/Continuity Notes – previous visits indicate that the following issues need particular focus on the inspection:

ISSUE	(✓)	Details to be sought/investigated
Hazard analysis/CCPs		
Training		
Cleaning		
Temperature Control		
Previous Complaints/Sampling		
Other (specify) e.g. FHWs		

FOOD	✓	FOOD PRODUCTS & SUPPLIER(S)' DETAILS
Wrapped High Risk		
Open High Risk		
Other		
DETAILS OF ANY FUNCTIONS HELD, if applicable		



HAZARD ANALYSIS/CONTROLS

DELIVERY/COLLECTION	Controls (+ R)	Details of any Further Necessary Controls or Control Options
Temps checked	Y / N	
Date codes checked	Y / N	
Condition of food checked	Y / N	
Raw/RTE separation	Y / N	
Other:		
STORAGE/REFRIGERATION		
Time/temp satisfactory	Y / N	
Temps checked	Y / N	
Stock rotation/date checks	Y / N	
Unwrapped food protected	Y / N	
Raw/RTE separation	Y / N	
Temp control requirements understood	Y / N	

OTHER STEPS/CONTROLS		

OVERALL ASSESSMENT OF HA/CONTROLS

ASSESSMENT OF <u>CONTROLS</u> AT TIME OF VISIT	✓ in 1 box only
Comprehensive controls and monitoring in place - Satisfactory	
Controls and monitoring generally satisfactory but with Recommendations	
Minor deficiencies noted - Unsatisfactory – see Schedule of Works	
Significant deficiencies noted - Unsatisfactory – see Schedule of Works	

2. SUPERVISION, INSTRUCTION & TRAINING

2.1 **People/process risks (mark x)** High ←————→ Low

2.2 **Supervisors:** Level of Training: Foundation? Y / N Intermed.? Y / N

2.3 **Instruction:** Essentials of FH (before start) **W** (written) or **V** (verbal) - *circle*
 Hygiene Awareness Instruction **W** (written) or **V** (verbal) - *circle*
 Other (specify) } Recorded? Y / N

2.4 **Training**

	No. at the premises	FORMAL TRAINING OR EQUIVALENT STANDARD RECEIVED (numbers)					
		Fndn/Basic	Fndn/Update	Intermediate	Advanced	HA	Other (specify)
Open Food Handlers							
Supervisor							
Non-open food handlers							
TOTAL							

2.5 Training needs identified (or to supply proof of training):
Name Level By When

2.6 Sample Certificate check: Name: Level: **F / I / A** Date:

2.7 **OVERALL COMPLIANCE RATING** for Supervision, Instruction & Training (*Circle*): **G / S / R / UM / US**

STRUCTURE AND FACILITIES

ITEM	COMMENTS/DETAILS	Overall Assessment (G / S / R / UM / US)
Structure		
Pest Control	UVK / Fly screens / Proofing / Contractor : Last Visit Date :	
WC Facilities	Cleanliness / Ventilation / Location / WHB & facilities	
Cleaning	Schedule / Instruction & Training / Materials used: Storage site(s)	
Waste/ Drainage	Inside & containers / Removal / Outside	
OTHER		

DOCUMENTATION, if any (incl. assessment/check)

GUIDANCE/ADVICE

Tick if applicable

Available/Copy previously supplied?

- | | | | |
|--|---------------------------------------|---|-------|
| | Industry Guide | <input type="checkbox"/> Catering | Y / N |
| | | <input type="checkbox"/> Retail | Y / N |
| | | <input type="checkbox"/> Wholesale Distributors | Y / N |
| | | <input type="checkbox"/> Markets/Fairs | Y / N |
| | Food Standards Agency Leaflets | <input type="checkbox"/> Guide to food hygiene - English | Y / N |
| | | <input type="checkbox"/> Ethnic Minority version (specify): | Y / N |
| | | <input type="checkbox"/> Food Safety Regulations – English | Y / N |
| | | <input type="checkbox"/> Ethnic Minority version (specify): | Y / N |

TEMPERATURE READINGS Refrigerator(s)/ freezer **details** / temperature(s):

Calibrated Thermometer - Type Used: Infra red / Infra red Pyropen / Comark KM20 (Food Check)

If no readings taken, indicate reason: No relevant refrigeration Not deemed necessary