

FOOD PREMISES – GENERAL INFORMATION

PREMISES/TRADING NAME:

PREMISES ADDRESS:

POST CODE: TEL No(s):

GENERAL

Main Usage (Code): Subsidiary Usage Code(s): Premises Type (Code):

Alternative Name: Inspection Type (circle all that apply): F / S


LICENCES/APPROVALS (circle all codes that apply):



- F04 - Meat Products Approval (full) F05 - Meat Products Approval (UK)
- F08 - Fish Products etc Approval (full) F09 - Fish Products etc Approval (UK)
- F21 - Game Dealers Licence F23 - Butchers' Shop Licence
- S10 - OSR1 OTHER (Specify):

 **EQUIPMENT** of Significance/Interest (+ codes):

EMPLOYEES/FACILITIES:

Employees:	Female	Male
F/T		
P/T		
S/E		
YTS		

 Sanitary Accommodation:	Female	Male	Shared
WCs			
Urinal			
WHBs			
Hand Dryers/Drying			

Hygiene:	Room:	Room:	Room:
 WHBs			
 Sinks			

NBBC INFORMATION PACKS (G + S in Flare) (circle):

N03-F.S. Toolkit Accepted N04-F.S. Toolkit Declined

 **FOOD PREMISES REGISTRATION** (circle and complete as appropriate)

	Date of Registration		Date form sent
YES		NO	

ASSOCIATED NAMES/ADDRESSES:

Proprietor's Name & Address / Head Office:

Name of Home Authority (for multiple site operations):

GENERAL DETAILS:

Opening times/days:

Food Production/Preparation Times:

FOOD SAFETY HAZARD OVERVIEW

NATURE OF FOOD OPERATIONS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Catering | <input type="checkbox"/> High Risk Retail | <input type="checkbox"/> Small Scale Manufacture |
| <input type="checkbox"/> Function Catering | <input type="checkbox"/> Low Risk Retail | <input type="checkbox"/> Large Scale Manufacture |
| <input type="checkbox"/> Outdoor Catering/Mobile | <input type="checkbox"/> High Risk Wholesale | <input type="checkbox"/> Packing |
| <input type="checkbox"/> Premises Used for Catering by Others | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Manufacturer Selling Mainly by Retail (butcher/baker etc.) |
| <input type="checkbox"/> Supply to caterers | <input type="checkbox"/> Supply to retailers | <input type="checkbox"/> Other: |

Are foods prepared at the premises supplied to other businesses? Y / N
 If so, is there a list of such businesses available? Y / N Copy provided? Y / N

Details re: the above, as necessary:

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SUPPLIER(S) OF H/R FOOD

COOKING/PREPARATION METHODS

- | | | |
|--|---|--|
| <input type="checkbox"/> Traditional/full preparation/freshly cooked | <input type="checkbox"/> Cook/chill process used | <input type="checkbox"/> Meat products prepared |
| <input type="checkbox"/> Foods prepared in advance | <input type="checkbox"/> Cook/freeze process used | <input type="checkbox"/> Dairy products prepared |
| <input type="checkbox"/> No open food handled | <input type="checkbox"/> Vacuum packing of HR foods | <input type="checkbox"/> Salads prepared. If Y, is a fresh produce sanitiser used? Y / N |
| <input type="checkbox"/> Foods cooked from chilled/frozen | <input type="checkbox"/> Raw egg dishes prepared | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Foods reheated to order | <input type="checkbox"/> Sandwiches prepared | |

ADDITIONAL NOTES

CONSUMER BASE

- | | |
|--|---|
| <input type="checkbox"/> Substantial (large manufacturer with national/international distribution) | <input type="checkbox"/> Few (essentially local/passing trade) |
| <input type="checkbox"/> Intermediate (trade extends beyond NBBC boundary) | <input type="checkbox"/> Very few (supplying less than 20 each day) |

Vulnerable groups involved Y / N (Tick and give numbers involved): Under-5 <input type="checkbox"/> Elderly <input type="checkbox"/> Sick/immunocompromised <input type="checkbox"/> No.:	Catering: Approx. average no. covers per week:
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FOOD SAFETY MANAGEMENT SYSTEM

- | | | |
|---|---|--|
| <input type="checkbox"/> Documented HACCP | <input type="checkbox"/> Documented Hazard Analysis | <input type="checkbox"/> HA in place but not documented system |
|---|---|--|

Details:
 Date of Preparation : Prepared by: Date of Last Review:

RECORDS MAINTAINED (tick as necessary)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fridge/freezer temperatures | <input type="checkbox"/> External hygiene audits | <input type="checkbox"/> Customer list |
| <input type="checkbox"/> Cooking temperatures | <input type="checkbox"/> Cleaning schedules | <input type="checkbox"/> Supplier list |
| <input type="checkbox"/> Cooling periods | <input type="checkbox"/> Pest control | <input type="checkbox"/> Consignment notes |
| <input type="checkbox"/> Holding temperatures | <input type="checkbox"/> Staff sickness | <input type="checkbox"/> Calibration records |
| <input type="checkbox"/> CCPs | <input type="checkbox"/> Staff training and instruction | <input type="checkbox"/> Maintenance of structure & equipment |
| <input type="checkbox"/> Internal hygiene audits | <input type="checkbox"/> Delivery checks | Other (specify): |

ETHNIC MINORITY LANGUAGE REQUIREMENTS:

Ethnic minority language(s) in use at the premises:

Preferred language(s) for information supplied in writing: English Y / N
 + Other (specify):