Questionnaire for Food Providers

To be completed by all food and drink providers and returned to Events Organiser 28 days prior to the event being held.

ALL SECTIONS MUST BE FILLED IN
Additional advice about the required standard is provided in the information boxes at each section.

Name of event: _____

Location: _____

Date: _____

Have you been at this event before: YES/NO   If so, when: _____

Business Name: _____

Address: _____

_____

_____ Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Food
Business Operator: _____

Contact Name: _____

How long have you or your company operated this type of operation: _____

Provide the details of the council where your business is registered:

Name: _____Council

Address: _____

_____Postcode: _____

Telephone: _____

Please attach a letter from the above council confirming that you are registered with them.

What is your current Food Hygiene Rating: (please tick)   0   1   2   3   4
   5
If you do not have a rating, please specify why:

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STRUCTURE: The stall must be sited, designed, constructed and kept clean and maintained in good repair and condition so as to avoid the risk of contamination, in particular by animals and pests.

SURFACES: The surface on which food is laid out or prepared must be smooth and impervious so that it can be thoroughly cleaned. Wooden tables must be covered in durable plastic sheeting or other suitable covering material.

Type of stand (please tick)   Purpose built vehicle   Stall   Other (please specify):

Type of business (please tick)   Catering   Retail

Main type of food/drink to be supplied (please tick)

Milk   Cream   Cheese   Ice Cream   Egg products   Raw Meat

Cooked Meats   Cooking of meats   Shellfish   Fish   Rice   Pulses   Salad

Fruit/vegetables   Spices   Sauces   Confectionery   Breads/cakes   Olives

Oils   Tea/Coffee   Alcoholic drinks   Other drink   Dried Fruit/Nuts   Barbecue

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Please specify the full range of foods offered or alternatively enclose a menu card:

PRODUCT HANDLING AND STORAGE: Food must be stored and handled in such a way as to avoid the risk of contamination. E.g.
- **Food must not be placed directly onto the floor.**
- **Keep raw foods away from cooked foods.**
- **Use of clean lidded (covered) suitable containers.**
- **High-risk food on display must be protected from the public touching, coughing or sneezing over it. This could involve wrapping, screening or covering the food.**
- **Clean protective over-clothing must be worn whilst handling unwrapped food.**

If any food products are prepared or stored in a place other than the vending vehicle or stall please state what is done and where:

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Will a separate supplier deliver the food to site: YES/NO

If so, what arrangements will be made for its reception: -

> **TEMPERATURE CONTROL: High-risk foods must be transported, stored and displayed at a temperature of 8ºC or below. High-risk foods include cooked meats, cooked rice, meat or fish based products, egg dishes, sandwiches, dairy foods etc.**
>
> **Hot food on display should be kept at a temperature higher than 63ºC.**
>
> **The temperatures of refrigerators, freezers, cooked food held hot and the core temperature of cooked food should be monitored.**

Please indicate the following facilities you intend to provide on-site:

Refrigerator(s)　　　Freezer(s)　　　Cooking hob(s)　　　Grill(s)　　　Oven(s)

Microwave(s)　　　Hot hold unit(s)　　　Barbeque　　　Other cooking facilities:

> **HAND WASHING: There must be appropriate facilities for maintaining adequate personal hygiene, including facilities for the hygienic washing and drying of hands.**
>
> **Where open high-risk food is handled there must be a wash hand basin with a supply of hot and cold or appropriately mixed water, such as a portable hand wash unit. Liquid anti-bacterial hand soap and paper towels or blue catering roll should be used to wash and dry hands.**
>
> **Where only low risk open foods such as biscuits, sweets, olives etc. are for sale and utensils are used for handling the food, or where the food is fully wrapped, the use of communal wash hand facilities is acceptable provided that staff have convenient access to these facilities. Disposable gloves can be worn and antiseptic wipes used along with alcohol based hand gel/sanitizer.**

Which of the following will be provided:

Sink(s)　　　Wash hand facilities　　　Soap　　　Hand drying facilities

Adequate hot and cold water – please state where you will be obtaining these from:

Please note: Antibacterial hand gel alone is not sufficient where open food is handled.

Cleaning chemicals and materials to be provided (please tick)

Cloths/paper towels　　　Hot water　　　Detergent　　　Disinfectant　　　Sanitiser

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CLEANING:
- **The stall/vehicle/hand cart must be cleaned down before handling foods and regularly thereafter to remove visible dirt and debris.**
- **Surfaces that come into contact with food must be disinfected before starting work and between uses when raw and cooked food is handled.**
- **Clean as you go.**
- **A sanitiser is a chemical that has both a detergent and disinfectant properties and can reduce the amount of bacteria on surfaces.**
- **Cleaning cloths can carry bacteria so it is essential that they are clean and regularly changed. Cloths should be washed regularly and allowed to air dry. It is preferable to use disposable cloths.**

Type of Food Safety Management System in use (please tick)

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  Own HACCP    Safer Food Better Business (SFBB)         MLC (Butchers)
None
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The Safer Food Better Business pack is FREE and is available through the following link: -

http://www.food.gov.uk/foodindustry/regulation/hygleg/hyglegresources/sfbb/

Please indicate the training that the food handlers at the event have received:

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  Instructions only      Training on your HACCP or SFBB      Level 2/
                Basic/ Foundation Food Hygiene Certificate
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Please attach copies of training certificates

Please indicate power source if any:

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  Not applicable      LPG      Electrical generator      Other (please
specify): _____
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Do you have: multi-purpose fire extinguisher: YES/NO
first aid kit: YES/NO
fire blanket: YES/NO

Questionnaire completed by: _____

Signature: _____

Position in company: _____

Date: _____

Return completed questionnaire along with any documents to:
[Event Organiser Details]