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| **Chelmsford City Council Events Check** **list : Environmental Health – Food Stalls assessment** | | | |
| **Name of event : Chelmsford Skills Festival** | | | |
| **Trading Name and address of Operator:** | | | |
| **Type of food business:** | | | |
|  | Which Borough /district council is your food business registered with. |  | |
|  | What hygiene rating did your food business receive on its last inspection (date and rating) | 0 1 2 3 4 5 no score  Date - | |
|  | What documented food safety management system do you have?  (note – this must be available to examine wherever you trade) | SFBB  Your own – please state what this is | |
|  | Who is the Food Business Operator? | (name & position in company) | |
|  | Please provide the names of people likely to be at work at your stall during the event  Have they got level two food hygiene training? | Yes No Not sure | |
|  | What food are you providing? |  | |
|  | Are you handling both raw and ready to eat food onsite? If so, please provide further details |  | |
|  | Have you or are you intending in using any of the following processes in the preparation of the food?  Vac packing  Sous vide | Yes No  Yes No | |
|  | Does your food operation require refrigeration of foods? – if so, what facilities will be provided?  How will you monitor the temperature of high risk foods? | (ie number of fridges, and freezers. cool boxes) | |
|  | How do you check that your food is cooked? | Probe visual unsure | |
|  | Do you hot hold your food?  What food do you hot hold? | Yes No | |
|  | What facilities will be provided for the washing of food and equipment?  Are these separate? | Yes No | |
|  | Have you got enough fresh water containers?    Are they clean? | Yes No  Yes No | |
|  | What hand washing facilities will you have in place? |  | |
|  | How will you provide hot and cold water? |  | |
|  | What antibacterial spray do you use?  What is the contact time? |  | |
|  | What cloths do you use to clean with? | Disposable cloths blue towel washable cloths | |
|  | Is your unit/stall vehicle clean?  Is you unit/stall/vehicle in good repair? | Yes No  Yes No | |
|  | How do you dispose of waste water?  How do you dispose of your rubbish?  Do you have a waste oil contract? If so, please provide details |  | |
|  | Allergens –  How do ensure that your staff know what ingredients are in the food you are serving?  Do you display the allergen signage? | Yes No | |
| **Health and safety requirements** | | | |
|  | Do you have a health and safety policy and risk assessments? If so, please provide a copy | Yes No | |
|  | How is your unit powered? | LPG electric other(please state) | |
|  | Do you use gas appliances? If so, please provide a copy of the inspection certificate, this must have been undertaken within the last 12 months by a competent Gas Safe registered engineer. | Yes No | |
|  | Has all electrical appliances been PAT tested within the past 12 months?  Please provide the date of the inspection? | Yes No | |
|  | Do you have appropriate fire protection equipment available in the unit?  Is the equipment maintained regularly and serviced annually by a competent person in accordance with BS 5306? | Yes No  Yes No | |
|  | Do you have a fully stocked first aid kit available should staff require first aid? | Yes No | |
|  | Form completed by (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: |