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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) | SFBBYour 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 eventHave 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 packingSous vide  | Yes NoYes 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 NoYes 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: |