



Self-Assessment Form for Caterers and Food Business Operators

If your event involves the provision of food you need to fill this form for each It is a requirement of legislation that an assessment is undertaken.

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| Name of Event | |
| Location | |
| Date | |

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|---|--|
| Name of Caterer / stall holder / Food Business Operator | |
| Address and Telephone number | |
| Trading as | |
| Business address | |

| | |
|--|--|
| Name and Address of Local Authority where business is registered | |
| Current Food Hygiene rating Please note to trade at an event on council land you must have a rating of 4 or above. | 0 1 2 3 4 5 Please circle |
| Number and registration of any vehicles to be brought into site | |
| Type and scale of catering proposed. E.g Hot food mobile unit, temporary structures such as marquees, BBQ,s Spit Roast. | |

Type of structure (please tick)

| | | | | |
|----------------|--------------------------|-------------------|--------------------------|--|
| Stall | <input type="checkbox"/> | vehicle / Trailer | <input type="checkbox"/> | |
| Tent / Marquee | <input type="checkbox"/> | Spit Roast / BBQ | <input type="checkbox"/> | |

Please tick the box if you have the following goods for either sale or use as an ingredient in food preparation

| | | | | | |
|-----------------------|--------------------------|--------------|--------------------------|--|--------------------------|
| Milk / dairy products | <input type="checkbox"/> | Poultry | <input type="checkbox"/> | Salad | <input type="checkbox"/> |
| Cream | <input type="checkbox"/> | Fish | <input type="checkbox"/> | Shell fish | <input type="checkbox"/> |
| Ice cream | <input type="checkbox"/> | Egg products | <input type="checkbox"/> | Meat: Raw Meat: Cooked ready to eat | <input type="checkbox"/> |
| Rice | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

Please give the approximate number of the following facilities you intend to provide on site

| | | | | | |
|----------------------------|--------------------------|--|--------------------------|--------------------------------|--------------------------|
| Refrigerator(s) | <input type="checkbox"/> | Freezer(s) | <input type="checkbox"/> | Cooking Hob(s)* | <input type="checkbox"/> |
| Oven(s)* | <input type="checkbox"/> | Microwave(s) | <input type="checkbox"/> | Grill / Griddle / Bain Marie's | <input type="checkbox"/> |
| Other Cooking Facilities * | Specify | | | | |
| Sink(s) | <input type="checkbox"/> | Hot and cold water supply to the sink | | <input type="checkbox"/> | |
| Wash hand basin(s) | <input type="checkbox"/> | Hot and cold water supply to the basin | | <input type="checkbox"/> | |
| Soap | <input type="checkbox"/> | First Aid Kit | | <input type="checkbox"/> | |
| Hand drying facilities | <input type="checkbox"/> | | | <input type="checkbox"/> | |

Please tick the intended power source

| | | | | | |
|----------------------|--------------------------|---------------|--------------------------|--------|--------------------------|
| LPG | <input type="checkbox"/> | Diesel | <input type="checkbox"/> | Petrol | <input type="checkbox"/> |
| Electrical Generator | <input type="checkbox"/> | Other specify | | | |

* Note that if you have any of these appliances you should have a powder or Co2 fire extinguisher and a fire blanket.

General

| | | | | |
|---|-----|--|----|--|
| Can you check the temperature of your cool boxes/refrigerators? Do they operate below 8°c | Yes | | No | |
| 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 | Yes | | No | |
| Will food be delivered to the site by a separate supplier | Yes | | No | |
| If so, what arrangements will be made for its reception | Yes | | No | |
| Does anyone have food hygiene training (detail plus copy to be attached) | Yes | | No | |
| Have your staff/helpers been made aware of your food safety procedure | Yes | | No | |
| Are you intending to pre-cook food and bring on to site for reheating (If yes please contact the Environmental Health Department for further advice) Please give details | Yes | | No | |
| Is your product likely to be at risk of contamination at the event? (If so, what measures are you going to use to prevent the likelihood of food poisoning occurring)? | Yes | | No | |

We have provided the checklist below to help you identify any hazards and for you to put the necessary controls in place to make sure that the food is safe to eat. This is specifically designed for caterers and food business operators attending outdoor events.

Please take your completed checklist with you to the event.

If you answer 'no' to any of these questions, then there is a potential problem which will increase risks of something going wrong. Most of these are common sense practices, which you have probably been following for years.

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|---|-----|--|----|--|
| Food safety management | | | | |
| Do you have documentation on the food safety controls you adopt to ensure the food you prepare is safe to eat? | Yes | | No | |
| Do you keep monitoring record sheets, training records, etc.? Are these available for inspection on your trailer/stall? | Yes | | No | |
| Storage | Yes | | No | |
| Are all food storage areas under cover and protected from contamination? | Yes | | No | |
| Are they clean and free from pests? | Yes | | No | |
| Do you have enough refrigeration? Does it work properly? | Yes | | No | |
| Food preparation and service areas | | | | |
| Have you got enough proper washable floor coverings for the food preparation areas? | Yes | | No | |
| Have you got precautions to keep mud out of the stall in wet weather? | Yes | | No | |
| Are all worktops and tables sealed or covered with an impervious, washable material? | Yes | | No | |
| Have you got enough preparation work top space? | Yes | | No | |
| Have you got enough wash hand basins? Are they supplied with hot and cold water, soap and paper towels? | Yes | | No | |
| Have you got sinks which are large enough to wash food and equipment in (including bulky items)? Are they supplied with hot and cold water? | Yes | | No | |
| If there is no mains drainage have you made hygienic provision for the disposal of waste water, e.g. waste pipe from sink to waste water carrier? | Yes | | No | |
| Have you got enough fresh water containers? Are they clean and have they got caps? | Yes | | No | |
| Have you got a supply of hot water reserved for washing up and hand washing? | Yes | | No | |
| Have you got adequate natural/artificial lighting, particularly for food preparation and service at night? | Yes | | No | |
| Is all your food equipment in good repair? Are any repairs outstanding since your last event? | Yes | | No | |

| | | | | |
|---|-----|--|----|--|
| Can you keep high risk foods stored/displayed at 8C or less? | Yes | | No | |
| Cleaning | | | | |
| Is your stall/vehicle clean? Can it be kept clean? Have you allowed time for thorough cleaning of the vehicle/stall equipment between events? | Yes | | No | |
| Do you have a written cleaning schedule to ensure all areas are kept clean? | Yes | | No | |
| Have you an ample supply of clean cloths and a 'food-safe' Disinfectant /sanitiser to clean food and hand contact surfaces? | Yes | | No | |
| Are the cleaning chemicals stored away from food? | Yes | | No | |
| Contamination | | | | |
| Can food be protected from contamination at all times? | Yes | | No | |
| Is the unit free from pests and is open food protected from flying insects? | Yes | | No | |
| Food waste | | | | |
| Have you got proper bins with lids for food and other waste? | Yes | | No | |
| Do you have appropriate arrangements for the disposal of food waste and recycling? | Yes | | No | |
| Do you have arrangements for the collection and disposal of waste oil? | Yes | | No | |
| Staff | | | | |
| Are all your food handlers trained, supervised or given instruction to ensure food safety? | Yes | | No | |
| Have you any untrained, casual staff carrying out high risk food preparation? | Yes | | No | |
| Do your staff display a good standard of personal hygiene and wear clean over-clothing? Have you a good supply of clean overalls/aprons? | Yes | | No | |
| Are your staff aware that they should not handle food if suffering from certain illnesses? | Yes | | No | |
| Have you a first aid box with blue waterproof plasters? | Yes | | No | |
| | | | | |

Signatures and Date

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|----------------------------------|--|--|
| Caterer / Food Business Operator | | |
| Environmental Health | | |
| Event's Organiser | | |