

FOI Ref 6621

Response sent 4 February

Please can you send me the food hygiene rating report for the following

business : Name : Banana Leaf

Address : 20 Milton Road, Cambridge, CB4 1JY

Business type : Restaurant/Café/Canteen

Date of inspection: 28 June 2019 Page on government website :

<https://ratings.food.gov.uk/business/en-GB/942457/Banana-Leaf-Cambridgeshire>

Please find the two attached reports.

Further queries on this matter should be directed to foi@cambridge.gov.uk

Business Name/Trading Address: Banana Leaf, 20 Milton Road Cambridge
 FBO Name: Banana Leaf Reg. Address:
 Type of Premises: Restaurant Date/time: 28-6-2019 Business Tel:
 Inspecting Officer: [Redacted] (EHO/TO) Signature: [Redacted] Officer Tel: 01223 45(.....)
 Areas inspected: Kitchen, Shop, Jan. Store, Entry Reason for Visit: Routine Insp. Rescore Insp.

Areas Assessed - FOOD HYGIENE & SAFETY (H)		= Satisfactory X= Requires Attention N/A = Not Assessed/Applicable	
Temperature Control	<input checked="" type="checkbox"/>	Cross Contamination	<input type="checkbox"/>
First Aid Provision	<input type="checkbox"/>	Personal hygiene	<input type="checkbox"/>
Areas Assessed - STRUCTURE & CLEANING (S)		= Satisfactory X= Requires Attention N/A = Not Assessed/Applicable	
Cleaning and Cleanliness	<input checked="" type="checkbox"/>	Washing Up Facilities	<input type="checkbox"/>
Structure (Repair)	<input type="checkbox"/>	Hand Washing Facilities	<input checked="" type="checkbox"/>
Equipment (Repair)	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>
Areas Assessed - MANAGEMENT (M)		= Satisfactory X= Requires Attention N/A = Not Assessed/Applicable	
DFSMS/HACCP Adequacy of documentation	<input type="checkbox"/>	Cleaning programme/schedules	<input type="checkbox"/>
DFSMS/HACCP Identification of Critical Points	<input type="checkbox"/>	Training/instruction/supervision	<input type="checkbox"/>
DFSMS/HACCP Controls Effective/Review	<input type="checkbox"/>	Food Allergen Traceability	<input type="checkbox"/>

ADDITIONAL COMPLIANCE CHECKS (H&S) (LIC) (SMOK) (EP)			
Smoking Signage Displayed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/App <input type="checkbox"/>	Statutory Nuisance(s) Observed	Yes <input type="checkbox"/> No <input type="checkbox"/>
H&S Hazard(s) Observed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/App <input type="checkbox"/>	License Displayed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/App <input type="checkbox"/>

RECORDS WITNESSED = Records Seen			
DFSMS (HACCP)	<input checked="" type="checkbox"/>	Probe Cal. Temps	<input type="checkbox"/>
Delivery Temps	<input checked="" type="checkbox"/>	Dishwasher Temps	<input type="checkbox"/>
Storage Temps	<input checked="" type="checkbox"/>	Maintenance	<input type="checkbox"/>
Cook/Reheat Temps	<input type="checkbox"/>	Cleaning Schedules	<input type="checkbox"/>
Hot Hold Temps	<input type="checkbox"/>	Menus	<input type="checkbox"/>
Cold Display Temps	<input type="checkbox"/>	Allergen Signposting	<input checked="" type="checkbox"/>
Cooling Time/Temps	<input type="checkbox"/>	Allergen Matrix	<input type="checkbox"/>
		Invoices	<input type="checkbox"/>
		Suppliers List	<input type="checkbox"/>
		Internal /External Audit	<input type="checkbox"/>
		Waste Transfer Notes	<input type="checkbox"/>
		Pest Control Records	<input checked="" type="checkbox"/>
		Staff Sickness	<input type="checkbox"/>
		FH Training	<input checked="" type="checkbox"/>
		Gas Safety Cert	<input type="checkbox"/>
		Vent. Clean Cert	<input type="checkbox"/>
		Other (List Below)	<input type="checkbox"/>

INSPECTION FINDINGS - THESE ARE THE POINTS WHICH REQUIRE ATTENTION L=LEGAL R=RECOMMENDATION				
No.	Inspection Findings/Requirements	Legal (L) / Rec (R)	Timescale	Reg. Code (See Notes)
①	The wash hand basin within the kitchen could not be used at the time of inspection due to utensils and other items being placed inside	L	immediately	J
②	There was no sanitiser available to use during the inspection (members of staff purchased bottles)	L	immediately	M
③	The probe thermometer was in need of cleaning	L	immediately	N
④	The fan opener stand was in need of cleaning	L	immediately	K
⑤	The store room floor was in need of cleaning	L	immediately	V
⑥	The Polar freezer was in need of defrosting/cleaning	L	immediately	K
⑦	Food items within the Polar freezer needs to be covered	L	immediately	E


SAMPLES TAKEN: If there are further requirements than listed above, you will be issued with a continuation sheet

ANNEX 5 RATING AND FHRS DETERMINATION - TICK HERE <input type="checkbox"/> IF TO BE ASSESSED LATER FOLLOWING GUIDANCE							
Compliance with the law	Good	→			Poor	Total	FHRS (0-5)
Food Hygiene and Safety (H)	0	5	10	15	20	25	3
Structure and Cleaning (S)	0	5	10	15	20	25	
Management - Control Systems/Training (M)	0	5	10	20	30	30	

ACTION BY LOCAL AUTHORITY
 A copy of this document will be left on site. If you should require further explanation of the above, please contact the inspecting officer via the details at the top of this report. You may request a follow up letter.
 Action by Local Authority: Compliance Revisit (timescale) Statutory Notice/s
 Additional Compliance Action/s (please state).....
 This report only covers those areas inspected at the time. It does not necessarily signify compliance with all matters under the relevant legislation. For further information & legislation please read the notes provided. Our health-privacy-policy is available at <https://www.cambridge.gov.uk/media/6335/environmental-health-privacy-notice.pdf>

Person(s) interviewed: [Redacted]
 Inspection form received by: [Redacted] Signed: [Redacted]

OFFICER USE:
 FHRS Sticker
 Prov. Send
 Report to HO
 To Send



CAMBRIDGE CITY COUNCIL

Score		Type of Food and Method of Handling - Guidance on the scoring system				
40	Manufacturers of high-risk food, wholesalers and packers who re-wrap or re-pack high-risk foods. In this context, high-risk foods may be regarded as foods which support the growth of micro-organisms, and are ready to eat without further treatment that would destroy pathogenic micro-organisms or their toxins.					
30	Preparation, cooking or handling of <u>open</u> high-risk foods by caterers and retailers, except caterers that prepare typically less than 20 meals a day (see below).					
10	Preparation, cooking or handling by small caterers of open high-risk foods but serve less than 20 meals on a single day; Handling of pre-packed high-risk foods; Other wholesalers and distributors not included in the categories above; Manufacture or packing of foods other than high-risk; Establishments involved in the filleting, salting of fish for retail sale to final consumer.					
5	Retail handling of foods other than high-risk, and other ambient shelf stable products. Any other businesses not included in the categories above.					
Score		Method of Processing - Guidance on the scoring system		Not Included? Score		
				0		
20	The overriding principle to assess is whether the process itself creates an increased risk and /or the intention is to increase the shelf life of the product by applying it. Below is a non-exhaustive list of processing types that should be allocated an additional score of 20. Authorised officers will need to make a judgement regarding additional processing types not listed below.					
	<ul style="list-style-type: none"> Canning or other aseptic packing of low-acid foods; Vacuum packing; Sous-vide cooking; Manufacture of cook/chill food, i.e. cooked and prepared meals or foods which may be eaten cold or after reheating. (The simple reheating of cook-chill meals is excluded from the scope of this paragraph; Fermentation of meats e.g. to produce salamis and other fermented sausages; Air drying e.g. dried hams, biltong, jerky; Freeze drying; Addition of salt and/ or other preserving agents; 	<ul style="list-style-type: none"> The cooking and cooling of meat products prior to service e.g. production of hams by retailers, including butchers; This is not intended to be applied to simple catering operations where foods may often be pre prepared and subsequently re heated. Establishments that manufacture, prepare, or serve high risk uncooked or lightly cooked ready to eat food of animal origin whose nature poses a residual microbiological food safety hazard. This is intended to include caterers /manufacturers producing foods such as steak tartare and other raw meat dishes, fish and meat carpaccio, types of sushi or sashimi, ceviche, and burgers less than thoroughly cooked. 				
Score		Consumers at Risk - Guidance on the scoring system				
15	Food businesses involved in either the manufacture, distribution, packing or wrapping operations of food which is distributed nationally or internationally.					
10	Businesses serving a substantial number of customers, including a significant proportion from outside the local area; e.g. superstore, airport caterer, motorway service area caterer; Manufacturers not included in the category above.					
5	Businesses, most of whose customers are likely to be living, staying or working in the local area, e.g. supermarket or shop, local convenience store or high street or local restaurant.					
0	Businesses typically supplying less than 20 consumers each day.					
Score		Vulnerable Groups - Guidance on the scoring system				
22	Production and/or service of high-risk foods in establishments where the ultimate consumers of the product produced include a vulnerable risk group of more than 20 persons. such as those who are under 5 or over 65, people who are sick or immuno-compromised.					
Hyg. Score		Struc. Score		Hygiene / Structure - Guidance on the scoring system		
25	25	Almost total non-compliance with statutory obligations.				
20	20	General failure to satisfy statutory obligations – standards generally low.				
15	15	Some major non-compliance with statutory obligations – more work required to prevent fall in standards.				
10	10	Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved.				
5	5	Good standard of compliance with statutory obligations and industry codes of recommended practice* with only minor contraventions.				
0	0	High standard of compliance with statutory obligations and industry codes of recommended practice*; conforms to accepted good practices in the trade.				
Score		Confidence in Management - Guidance on the scoring system				
30	Poor track record of compliance. Little or no food safety knowledge and understanding. Little or no appreciation of hazards, risks or quality control. No food safety management procedures. Does not recognise or accept the need for food safety and hygiene controls.					
20	Significantly varying record of compliance. Insufficient food safety knowledge and understanding. Poor appreciation of hazards and control measures. No food safety management procedures or unsatisfactory progress in terms of developing, documenting and implementing food safety management procedures, commensurate with type of business, since the last intervention rating. Some reluctance in recognising or accepting the need for food safety and hygiene control procedures.					
10	Satisfactory record of compliance. Access to relevant food safety advice source and/or guides to good practice or assurance schemes commensurate with type of business. Understanding of significant hazards and control measures in place. Has implemented satisfactory food safety management procedures or is making satisfactory progress towards documented food safety management procedures, commensurate with type of food business. Officers will need to ensure that a business is demonstrating it is actually 'making satisfactory progress' towards food safety management procedures. A score of 10 can be awarded for more than one intervention cycle if: the previous non-compliances have been addressed but different non-compliances have arisen; and the overall risk has not increased.					
5	Good record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary or Home Authority, trade associations and/or from guides to good practice or assurance scheme commensurate with type of business. Effective management control of hazards. Having effective self-checks with satisfactory documented food safety management procedures commensurate with type of business. Audit by Competent Authority confirms general compliance with procedures with minor non-conformities not identified as critical to food safety.					
0	Excellent record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary Authority or Home Authority, trade associations and/or from Guides to Good Practice or assurance schemes commensurate with type of business. Food Business Operator/ Manager knowledgeable and competent. Has effective self-checks with satisfactory documented food safety management procedures commensurate with type of business, and may have external audit processes in place. Audit by Competent Authority confirms good compliance with food safety procedures.					
Score		Significant Risk - Guidance on the scoring system			Not Included? Score	
					0	
20	Significant risk of food being contaminated with <i>Cl. botulinum</i> , and the organism surviving any processing and multiplying; or Significant risk of ready-to-eat food being contaminated with micro-organisms or their toxins that are pathogenic to humans e.g. E.coli O157 or other VTEC, Salmonella sp.; Bacillus cereus					
Total Score	Cat	Score	Min frequency	Cat	Score	Min frequency
	A	92 or higher	At least every 6 months	D	31 to 51	At least every 24 months
	B	72 to 91	At least every 12 months	E	0 to 30	Alternative enforcement strategies or interventions every 3 years
	C	52 to 71	At least every 18 months	Notes:		

Cambridge City Council
Intervention Report Form – Report of Visit (Continuation Sheet)

Commercial Team Tel: 01223 457900 Email: commercial@cambridge.gov.uk / Licensing Team Tel: 01223 457890 Email: licensing@cambridge.gov.uk

Business Name/Trading Address: Banana Ice, 20 Milton Road, Cambridge

Inspecting Officer: [Redacted] Date/time: 28-6-2019
 (EHO/TO/LO) Signature: [Redacted] Officer Tel: 01223 45(.....)

No.	Requirements (Or if Revisit, Items Outstanding from Previous Inspection)	Legal (L) / Rec (R)	Timescale Or Completed ✓	Reg. Code (See Notes)
8	The elite refrigerator was in need of cleaning	L	immediately	K
9	Coconut was stored on top of raw shell egg	L	immediately	E
10	The Samsung microwave was in need of cleaning	L	immediately	K
11	The floor surface within the back cleaning area was in need of repair	L	1 month	K
12	The SFBB back needs to be completed and fully implemented (cloth control, respiratory food, pest control, cleaning + chilling)	L	1 month	U
13	Food hygiene training should be provided for food handlers if they have not received food hygiene training for 3 years or more	L	3 months	U
14	It is recommended that a splash back is provided to the back dishwasher area	R		
15	The chest freezer within the drinks store was in need of cleaning and defrosting	L	immediately	K
16	The ice freezer within the drinks store area was in need of cleaning / defrosting	L	immediately	K
17	The ice cream freezer within the drinks store was in need of cleaning / defrosting	L	immediately	K

ACTION BY LOCAL AUTHORITY

A copy of this document will be left on site. If you should require further explanation of the above, please contact the inspecting officer via the details at the top of this report. You may request a follow up letter.

Action by Local Authority: Compliance Revisit (timescale) Statutory Notice/s

Additional Compliance Action/s (please state).....

This report only covers those areas inspected at the time. It does not necessarily signify compliance with all matters under relevant legislation. Please action any requirements and note the timescales given for compliance. Please read the notes provided.

Person(s) interviewed: [Redacted]
 Report of visit form received by: [Redacted] Signed: [Redacted]





TYPE OF INSPECTION Routine Rescore Extent (e.g. Full/Partial).....WK/
 (If a partial inspection, always check DFSMS & cleaning, then choose a further topic based on premises/history)

Inspecting Officer: [Redacted] Date: Time Arrived: Time Left:
 Business name/address: Bananam Leaf Cambridge Bananam Leaf Ltd
 Email address: Tel No. Wk: 01223 [Redacted]
 Programmed Inspection: YES NO Visit by appt: YES NO Tel No. Mob:

Nature of Business: Indian Restaurant Manager: Area Manager:
 Food Business Operator: Cambridge Bananam Leaf Ltd (Ltd. Co/PLC/LLP?)
 No of Food Handlers: 3 No of Employees: 2 No of Res/Rooms/Pupils: Extra '22' Score?
 No of Meals per day/week: Principle Language Other Languages:

Opening Hours:

Mon	Tue	Wed	Thur	Fri	Sat	Sun
<u>9:00-11:30</u>	<u>5</u>			<u>12-3m</u>		<u>5</u>
<u>10:30</u>	<u>10:30</u>					<u>10:00</u>

Staff Working Hours	
First Person Arrives At:	
Last Person Leaves At:	

Responsible for structural repairs? Owner occupied Tenant - Landlord Name.....
 Do employees live on site? YES NO If yes, number of employees living on site:

Does the business hold a Licence? YES NO Is Part B on display YES NO Smoking Signage Displayed YES NO
 Are the Premises Licence & Trading Name the same YES NO Is the Licence holder the same as the FBO YES NO

OUTSTANDING MATTERS	Checked	Outstanding Notes
Food Registration Form	<input checked="" type="checkbox"/>	
Last Inspection Form	<input type="checkbox"/>	
Complaints & Accident Records	<input type="checkbox"/>	

NATURE OF FOOD OPERATIONS			
Catering	<input checked="" type="checkbox"/>	High risk wholesale	<input type="checkbox"/>
High risk retail	<input type="checkbox"/>	Low risk wholesale	<input type="checkbox"/>
Low risk retail	<input type="checkbox"/>	Mobile Vehicle/Market Stall	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	Outside/Function Catering	<input type="checkbox"/>
		Off-site facilities	<input type="checkbox"/>
		Takeaway/Delivered meals service	<input type="checkbox"/>
		Domestic Property	<input type="checkbox"/>
		Other/Description:	<input type="checkbox"/>

Are foods prepared at the premises and sold on to other businesses? YES NO
 Are the premises used for catering purposes by other persons/bodies? YES NO
 Notes:

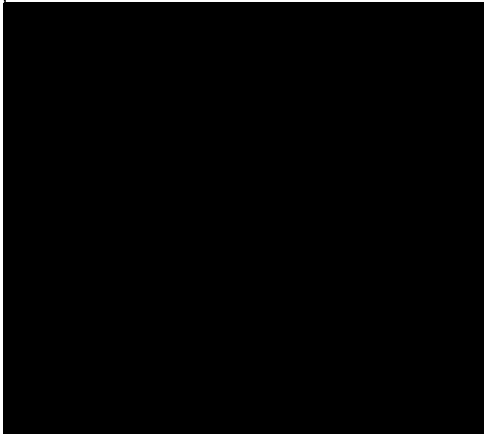
DOCUMENTED FOOD SAFETY MANAGEMENT SYSTEM
 Safer Food Better Business In-house system HACCP Other None
 Comments: Needs completing, implementing and review

Make FBO aware that system/records should be available at all times e.g. Events, Mobiles, Market Stalls & employees know where it is

RECORDS AVAILABLE & USED			
Delivery Temperatures	<input checked="" type="checkbox"/>	Probe Calibration Records	<input type="checkbox"/>
Fridge/Freezer Temperatures	<input checked="" type="checkbox"/>	Cleaning Schedules	<input type="checkbox"/>
Cooked Food Temperatures	<input type="checkbox"/>	Dishwasher Temps	<input type="checkbox"/>
Hot Hold Temperatures	<input type="checkbox"/>	Allergen Signposting	<input type="checkbox"/>
Cooling Times/Temperatures	<input type="checkbox"/>	Allergen Matrix	<input type="checkbox"/>
		Maintenance	<input type="checkbox"/>
		Staff Sickness	<input type="checkbox"/>
		Supplier List	<input type="checkbox"/>
		Business Customer List	<input type="checkbox"/>
		Daily Menus	<input type="checkbox"/>
		Invoices	<input type="checkbox"/>
		Internal/Ext. Hygiene Audits	<input type="checkbox"/>
		Pest Control Records	<input type="checkbox"/>
		Waste Transfer Notes	<input type="checkbox"/>
		FH Training Evidence	<input type="checkbox"/>

Names	Designation/ Job role	Training Date	Awareness Level 1	Foundation Level 2	Intermediate Level 3	Advanced Level 4
B. P. E. N. U. A. M. B. H. A. R. M. training needed		9.3.16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: e.g. where records are kept?

Main Suppliers	Products	Contact Details
	<ul style="list-style-type: none"> - Veg Mince - meat - veg 	
Reputable Suppliers Y N Traceability Traceability Records ✓ N List of end-use Customers Y N List of Suppliers Details Y N	Imported Food Personal Imports Y N Importer Details Y N	

NOTES ON STRUCTURE OF PREMISES (Floors, Walls, Ceiling etc. Internal and External Structure)

* cleaning issues, some floor damage

PURCHASE & DELIVERY/COLLECTION	COMMENTS	ISSUES
<ul style="list-style-type: none"> ▪ Visual checks (dates/condition/packaging) ▪ Temperature monitored (if yes how?) ▪ Temperature records (See front page) ▪ Delivery vehicle checks ✓ N ▪ Return policy ✓ N 	fresh Quality temperature	
DRY STORAGE	COMMENTS	ISSUES
<ul style="list-style-type: none"> ▪ Separate dry store Y N ▪ Adequate/ Suitable ✓ N ▪ Good Housekeeping ✓ N 	No issues noted	

CHILLED/FROZEN STORAGE

COMMENTS

ISSUES

- Monitor chillers for max. of 3 °C Y N
- Temperature records (See front page) Y N
- Foods covered Y N
- Foods dated (Shelf Life?) Y N
- Good stock rotation Y N
- Separate fridges for Raw/RTE food Y N
- Separation of Raw/RTE food in fridges Y N

Food needs to be covered within the Polar freezer. Many of the units were in need of cleaning. Depositing box were all keeping satisfactory temperature.

DEFROSTING

COMMENTS

ISSUES

- Defrost high risk at room temperature Y N
- Defrost in refrigerator (at bottom) Y N
- Defrost in microwave oven Y N
- Defrost under running cold water Y N
- Checks to ensure thorough defrost Y N

No defrosted food. Cook from frozen. No issues noted.

PREPARATION

COMMENTS

ISSUES

- Permanent separate areas for Raw/RTE food Y N
- Separation by time / disinfection – temporary clean area for RTE foods Y N
- Separate chopping boards/colour coded/utensils Y N
- Food Prepared in Advance Y N

Rice and meat prepared

Separate areas used but also cleaning before (no sanitizer available at time of inspection but staff purchased sanitizer and produced before the end of inspection). Different boards used.

Extra '20' Score?..

COOKING/REHEATING

COMMENTS

ISSUES

- Temperature Monitored 75°C Y N
- Monitor for minimum of _____ °C (Time) Y N
- Temperature Records (See front page) Y N
- Probe thermometer Y N
- Probe disinfection Y N
- Visual Checks Y N
- Food cooked in Advance Y N

Food cooked to 75°C or above
See above (only in hot water)
Meat rice

Guidance

- Canning or other aseptic packing of low-acid foods;
- Vacuum packing;
- Sous-vide cooking;
- Manufacture of cook/chill food, i.e. cooked and prepared meals or foods which may be eaten cold or after reheating. (The simple reheating of cook-chill meals is excluded from the scope of this paragraph);
- Fermentation of meats e.g. to produce salamis and other fermented sausages;
- Air drying e.g. dried hams, biltong, jerky;
- Freeze drying;
- Addition of salt and/ or other preserving agents;

- The cooking and cooling of meat products prior to service e.g. production of hams by retailers, including butchers; This is not intended to be applied to simple catering operations where foods may often be pre prepared and subsequently re heated.
- Establishments that manufacture, prepare, or serve high risk uncooked or lightly cooked ready to eat food of animal origin whose nature poses a residual microbiological food safety hazard. This is intended to include caterers /manufacturers producing foods such as steak tartare and other raw meat dishes, fish and meat carpaccio, types of sushi or sashimi, ceviche, and burgers less than thoroughly cooked.

Extra '20' Score?..

COOLING OF HOT FOOD

COMMENTS

ISSUES

- Cooling joints of meat Y N
- Foods protected against contamination Y N
- Temperature / time monitoring Y N
- Temperature records (See front page) Y N
- Safe cooling methods Y N
- Cook/Chill Y N
- Cook Freeze Y N

Within 90 min then refrigerated

HOT - HOLDING	COMMENTS	ISSUES
<ul style="list-style-type: none"> Is food kept for < 2 hours hot held <input checked="" type="checkbox"/> N Is hot holding > 2 hours monitored <input type="checkbox"/> N If yes, monitor for minimum temp of _____ °C <u>63°C</u> If yes, frequency of temp checks _____ Temperature records (See front page) 	Some hot holding bins will be kept above 63°C.	
SERVICE / DISPLAY	COMMENTS	ISSUES
<ul style="list-style-type: none"> Table service <input checked="" type="checkbox"/> N Counter service <input type="checkbox"/> N Safe handling methods <input checked="" type="checkbox"/> N Ambient display <input type="checkbox"/> N Chilled display <input checked="" type="checkbox"/> N Display temperature monitored (Temperature records (See front page)) <input type="checkbox"/> N 	NO issues noted	
TRANSPORT / DELIVERY	COMMENTS	ISSUES
<ul style="list-style-type: none"> Delivery vehicle(s) in use <input type="checkbox"/> N Temperature controlled vehicles <input type="checkbox"/> N Cool boxes / ice packs in use <input type="checkbox"/> N Separation between cooked and raw <input type="checkbox"/> N Local delivery (within C.C.C area) <input type="checkbox"/> N Delivery out of area <input type="checkbox"/> N 	N/A	
CLEANING & DISINFECTION	COMMENTS	ISSUES
<ul style="list-style-type: none"> Separate storage of chemicals <input checked="" type="checkbox"/> N Detergent available <input checked="" type="checkbox"/> N Sanitiser/disinfectant available <input type="checkbox"/> N BS/EN 1276 or BS/EN 13697 approved <input type="checkbox"/> N Manufacturers instructions followed/dilution/time <input type="checkbox"/> N Documented cleaning schedule <input type="checkbox"/> N Separate cleaning cloths for RTE/raw areas <input type="checkbox"/> N Disposable cloths in use <input checked="" type="checkbox"/> N Satisfactory Standard of Cleanliness <input type="checkbox"/> N Commercial dishwasher 80°C <input type="checkbox"/> N RTE equipment washed prior to raw <input checked="" type="checkbox"/> N Sink washed/disinfected after washing up raw equip <input checked="" type="checkbox"/> N <p>Cleaning + disinfection is in need of improvement and SFTBB needs to be reviewed to reflect implementation</p>	<p>DET601 provided latter advice given</p> <p>need to produce cloth control needs improvement</p> <p>many cleaning issues (see report)</p> <p>not working at time of inspection</p> <p>separate areas but there is a warning regarding SFTBB</p>	
PERSONAL HYGIENE / INFECTIOUS DISEASE CONTROL	COMMENTS	ISSUES
<ul style="list-style-type: none"> Adequate/clean PPE <input checked="" type="checkbox"/> N Good hand hygiene facilities <input type="checkbox"/> N Non hand operable taps/paper towels available <input type="checkbox"/> N Satisfactory hand washing practices <input checked="" type="checkbox"/> N Liquid soap with disinfectant properties <input checked="" type="checkbox"/> N Staff aware of illness exclusion requirements <input checked="" type="checkbox"/> N Adequate illness exclusion documented policy <input checked="" type="checkbox"/> N 	Wash hand basin could not be used at time of inspection	
ALLERGEN LABELLING	COMMENTS	ISSUES
<ul style="list-style-type: none"> Aware of legislation <input checked="" type="checkbox"/> N All allergens considered <input checked="" type="checkbox"/> N Sign posting <input checked="" type="checkbox"/> N Written information available (matrix etc.) <input type="checkbox"/> N 	need to ensure customers are fully aware	

PEST CONTROL / REFUSE	COMMENTS	ISSUES
Pest Control Contract (List name) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Pest Control Records (See front page) <input checked="" type="checkbox"/> Y Screened: windows <input checked="" type="checkbox"/> doors <input checked="" type="checkbox"/> EFK's <input checked="" type="checkbox"/> Y Baiting for pests <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Proofing satisfactory <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Licensed Refuse Contractor/oil <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Adequate refuse facilities/ collections <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Recycling of waste <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CRC Pest Control - no problem internally 19.6.19 - has been issues outside need better control on regularly outside door	

EQUIPMENT	COMMENTS	ISSUES
Maintenance of Equipment <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Complex Equipment <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Separate equipment for Raw/RTE foods <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Cooker Hood Extract System <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gas interlock cut-off Auto <input checked="" type="checkbox"/> Y / Manual <input type="checkbox"/> Y Satis Cleaning of Extract Ductwork <input checked="" type="checkbox"/> Y <input type="checkbox"/> N External Extract Ducting <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Ductwork Cleaning Certification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	dishwasher needs repair	

INSPECTION SUMMARY			
Persons interviewed:	[Redacted]		
Position/responsibilities:	Manager		
Activities in progress at time of visit	yes		
Key changes/improvements since last visit:			
Proposed changes/improvements:			
Follow-up action required, if any:			
Priorities for next programmed visit:	Cleaning/Sanitising/HACCP		
Consideration for future food sampling	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, populate spreadsheet M: FOS/Sampling	

ATP Swab Samples	Type e.g. ATP1 & Location	Result (Level & F,B or S)	Type e.g. ATP1 & Location	Result (Level & F,B or S)
ATP1 - Food Contact				
ATP2 - Hand Contact				
ATP3 - Hands & Cloth				
F= Fail B= Borderline S= Satisfactory				

Is the business Article 5 compliant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the business compliant with E Coli guidance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------------	--	---	--

ACTION LEVEL - For 0, 1 or 2 Star Businesses Select action as appropriate: <ul style="list-style-type: none"> <input type="checkbox"/> 1) Only for items not previously highlighted - Letter and revisit in 3 months to assess compliance <input type="checkbox"/> 2a) For items previously highlighted - Final warning letter, revisit in 1 month to assess compliance <input type="checkbox"/> 2b) For items highlighted in 2a) and still outstanding - Serve Improvement Notice <input type="checkbox"/> 3) Serve improvement notice <input type="checkbox"/> 4) Report for prosecution if non-compliance with notice 	Previous FHRs rating <input type="checkbox"/> New/Current FHRs rating <input type="checkbox"/>
--	---

Training level satisfactory Yes No If no, provide details on improvement required

Change in Inspection Priority Rating Category? Yes No From: _____ To: _____

Reasons, if applicable: _____

If Reduction in Inspection Category Inspection Documentation Monitored By: Name _____ Signed _____

Manager's Comments _____

Trading Inspection Extent Full /Partial Premises: Mobile Market Stall Other.....
 (If a partial inspection, always check DFSMS & cleaning, then choose a further topic based on premises/history)

Business Name..... Date: Time Arrived: Time Left:
 Inspecting Officer:..... Trading Location:.....

Persons Seen:	HEALTH & SAFETY OBSERVATIONS
DOCUMENTED FOOD SAFETY MANAGEMENT SYSTEM – IN USE? DIARY UP TO DATE? REVIEW?	
Comments:	

Allergen Signposting In Place Allergen Information Available

Mobile / Temporary / Private Domestic - Hygiene (H) (Officer Note: Chapter I & II Do Not Apply)	
Mobile/Domestic Premises (Foodstuffs Contamination) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (h)	Foodstuffs are to be so placed as to avoid the risk of contamination so far as is reasonably practicable. Notes:
Mobile/Domestic Premises (Monitoring Temperatures) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (g)	Adequate facilities and/or arrangements for maintaining and monitoring suitable food temperature conditions are to be available. Notes:
Mobile / Temporary / Private Domestic - Structure (S) (Officer Note: Chapter I & II Do Not Apply)	
Mobile/Domestic Premises (Repair/Structure/Cleaning) Regulation (EC) No 852/2004 Annex II Chapter III Para 1	Premises and vending machines are, so far as is reasonably practicable, to be so sited, designed, constructed and kept clean and maintained in good repair and condition as to avoid the risk of contamination, in particular by animals and pests. Notes:
Mobile/Domestic Premises (Surfaces) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (b)	Surfaces in contact with food are to be in a sound condition and be easy to clean and, where necessary, to disinfect. This will require the use of smooth, washable, corrosion-resistant and non-toxic materials, unless food business operators can satisfy the competent authority that other materials used are appropriate. Notes:
Mobile/Domestic Premises (Cleaning Equipment) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (c)	Adequate provision is to be made for the cleaning and, where necessary, disinfecting of working utensils and equipment. Notes:
Mobile/Domestic Premises (Washing Foodstuffs) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (d)	Where foodstuffs are cleaned as part of the food business' operations, adequate provision is to be made for this to be undertaken hygienically. Notes:
Mobile/Domestic Premises (Personal Hygiene Facilities) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (a)	Appropriate facilities are to be available to maintain adequate personal hygiene (including facilities for the hygienic washing and drying of hands, hygienic sanitary arrangements and changing facilities). Notes:
Mobile/Domestic Premises (Solid/Liquid Waste) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (f)	Adequate arrangements and/or facilities for the hygienic storage and disposal of hazardous and/or inedible substances and waste (whether liquid or solid) are to be available. Notes:
Mobile/Domestic Premises (Hot and/or Cold Water) Regulation (EC) No 852/2004 Annex II Chapter III Para 2 (e)	An adequate supply of hot and/or cold potable water is to be available. Notes: