

Food Safety Team

Food Business Questionnaire

A. Premises Details																									
Trading name																									
Address / Including postcode. <small>(Address at which moveable establishment is kept.)</small>																									
Proprietor's name																									
Manager's name (if applicable)																									
Telephone number(s)																									
Email address																									
Website / social media page																									
Type of food premises / business																									
1.	<p>What type of food business do you operate? Please select <u>all</u> options below that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 5px;">food business from home <small>*(tick if you store or prepare any food related to your business at home but operate elsewhere e.g. from a market stall)</small></td> <td style="width: 5%;"></td> </tr> <tr> <td style="padding: 5px;">food business from a restaurant, café, take-away or retail premises</td> <td></td> </tr> <tr> <td style="padding: 5px;">food business from a community or church hall</td> <td></td> </tr> <tr> <td style="padding: 5px;">mobile catering unit, van or trailer</td> <td></td> </tr> <tr> <td style="padding: 5px;">food stall on a market</td> <td></td> </tr> <tr> <td style="padding: 5px;">ice cream van</td> <td></td> </tr> <tr> <td style="padding: 5px;">food delivery van</td> <td></td> </tr> <tr> <td style="padding: 5px;">functions or location catering</td> <td></td> </tr> <tr> <td style="padding: 5px;">food business that sells food by mail order / over the internet</td> <td></td> </tr> <tr> <td style="padding: 5px;">import / export of food</td> <td></td> </tr> <tr> <td style="padding: 5px;">office or head office for a food business</td> <td></td> </tr> <tr> <td style="padding: 5px;">other type of food business / premises, please describe:</td> <td></td> </tr> </tbody> </table>	food business from home <small>*(tick if you store or prepare any food related to your business at home but operate elsewhere e.g. from a market stall)</small>		food business from a restaurant, café, take-away or retail premises		food business from a community or church hall		mobile catering unit, van or trailer		food stall on a market		ice cream van		food delivery van		functions or location catering		food business that sells food by mail order / over the internet		import / export of food		office or head office for a food business		other type of food business / premises, please describe:	
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B. Food business activity details

2. Please give a brief description of your food business activities (e.g. cake maker - baking and decorating cakes at home for sale to friends and customer orders, mobile catering unit – preparing and selling hot food such as burgers, sausages etc.)

3. Is any food or drink stored, prepared or sold from the businesses registered address as detailed on P.1?

Yes No

If no, please explain (e.g. address used for storage of non-food items only such as equipment & utensils, address used for storage of moveable / mobile catering unit, van or trailer, food purchased fresh on day of use and prepared on site / on mobile catering unit / at venue / on market stall, office / correspondence address only etc.)

4. How many days a week / month, does your food business operate? (Please specify e.g. daily, once per week, once per month, weekends only, seasonal April-Sept, as orders received etc.)

Please indicate the maximum number of customers / clients you expect to prepare food for or already prepare food for. Please specify if daily, weekly, monthly, per event etc.

5. Do you supply food to other food businesses (e.g. retailers or wholesale outlets, cafes, restaurants, food processors or manufacturers)?

Yes No

If yes, please provide details of the type of food you provide to other food businesses.

Please indicate the quantity of food you provide each week / month to these other food businesses.

Please provide the name(s) and address(es) of the businesses you supply.

C. Details of food business vehicles and mobile units

6. **If you do not** keep any vehicles or mobile catering units, vans or trailers used for your food business at the address detailed on P.1 please tick "not applicable" and move onto the next section (D).

N.A

7.	How many delivery vehicles, mobile catering units, vans, or trailers are stored at this address?	
8.	Please tell us where you normally trade (e.g. street markets, farmers markets, festivals / outdoor events, outside school / college / station etc.) If you have a regular trading location or pitch please tell us where this is.	
9.	Do you store any food in the vehicle(s), mobile catering unit, van or trailer when you are not trading? If yes , please tell us what type of food.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	If you store chilled or frozen food in your vehicle overnight is there a power supply available to run refrigeration equipment / freezers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

D. Types of food stored, prepared, cooked, sold and processing / preservation methods

11.	Please tell us which foods are stored, prepared, cooked and sold during the course of your food business activities. Tick <u>all</u> that apply - *(if none apply please move onto the next section).				
	Raw meat and / or raw fish	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Cooked meat and / or cooked fish	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Food held hot (e.g. pasties, pies, sausage rolls etc.)	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Sandwiches and sandwich fillings inc. filled baguettes and rolls	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Unwashed fruit or vegetables	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Prepared salads (e.g. coleslaw)	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Cooked rice	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Food containing raw or lightly cooked egg	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Soft cheeses / cream cheese and / or fresh cream	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Other dairy products such as cheese, ice creams, yoghurts etc.	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Cakes / desserts made with raw / lightly cooked eggs e.g. mouse	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Cakes / desserts containing fresh cream as filling or topping	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Home baked bread and cakes inc. celebration cakes, muffins, cookies, brownies etc.	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Homemade jams, chutneys and oils	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>

Food for functions / location catering	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
Food for market stalls	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
Food for mobile catering units / vans	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
Frozen foods	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
Pre-wrapped food such as biscuits, chocolate bars, sweets, canned / bottled food and drinks	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
Please add any other food types not listed above:				
	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>
	Stored <input type="checkbox"/>	Prepared <input type="checkbox"/>	Cooked <input type="checkbox"/>	Sold <input type="checkbox"/>

12. Do you use any of the following methods to preserve or store food. **Tick all that apply.**

Bottling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoking / curing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vacuum packing / sous-vide	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you do any other type of packing or processing of food?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, to any of the above please explain what you are doing.

E. Food safety / hygiene training

13. **If you do not** handle, prepare, cook or sell open or unwrapped foods please tick "not applicable" and move onto the next section (F). N.A

14. How many people / food handlers including yourself, handle or prepare open / unwrapped foods (e.g. raw and cooked meat, salad, sandwiches, etc.)?

15. Do you or your food handlers have food hygiene training obtained within the last 3-5 years? Yes No

If yes, please explain below how many have training and what level of training you / they have (e.g. L2 food safety in catering).

16. Are untrained food handlers supervised by trained food handlers at all times? Yes No

N.A

23.	Do you keep a written record of checked temperatures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	Do you transport chilled or frozen foods? If yes , please explain how you ensure food is kept under proper temperature control.	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Cooking / reheating meat, poultry or products containing meat or poultry		
25.	If you <u>do not</u> cook or reheat meat or poultry, or meat or poultry products please tick "not applicable" and move onto the next section (I).	N.A <input type="checkbox"/>
26.	Which of the following types of meat and poultry do you cook or reheat? Tick <u>all</u> that apply. Products containing meat or poultry (e.g. sausages, burgers, sausage rolls, cottage pie etc.) <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Lamb <input type="checkbox"/> Goat <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
27.	How do you ensure that meat or poultry is safe to eat? For example, what checks if any do you carry out? Please explain.	
28.	Do you cook rare or medium rare burgers or minced meat products? If yes , please explain how you ensure that they are safe to eat.	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	Do you check core cooking / reheating temperatures to ensure that meat and poultry or products containing meat or poultry are being cooked / reheated properly? If yes , do you use a digital probe thermometer? If no , what do you use? Please tell us what you use. What is the minimum core cooking temperature you aim for? °C	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes No

30.	Do you record checked cooking / reheating temperatures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31.	<p>If a probe thermometer is used to check core cooking / reheating temperatures do you disinfect the probe thermometer before and after use?</p> <p>If yes, please explain how you do this.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Cooling of food		
32.	<p>If you do not cook and cool food to be eaten either hot or cold at a later date please tick “not applicable” and move onto the next section (J)</p>	N.A <input type="checkbox"/>
33.	<p>How do you ensure food is cooled quickly? Please explain.</p> <p>What is the maximum amount of time you would allow food to cool at room temperature before refrigerating or freezing?</p>	
J. Hot holding and transporting hot food		
34.	<p>If you do not hot-hold food or transport hot food, please tick “not applicable” and move onto the next section (K).</p>	N.A <input type="checkbox"/>
35.	<p>Which of the following types of food do you hot-hold? Tick <u>all</u> that apply.</p> <p>Meat or poultry dishes such as chilli, bolognaise, curry, chicken pieces etc. <input type="checkbox"/></p> <p>Savoury pies / pasties <input type="checkbox"/> Sausage rolls <input type="checkbox"/> Rice <input type="checkbox"/> Soup <input type="checkbox"/> Pastries <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify:</p>	
36.	<p>Do you carry out checks to ensure that hot-held food is being kept hot enough?</p> <p>If yes, how do you do this? Please explain how you do this.</p> <p>How often do you carry out these checks?</p> <p>Every 2 hours <input type="checkbox"/> Every 4 hours <input type="checkbox"/> More than 4 hourly <input type="checkbox"/></p> <p>What is the minimum hot holding temperature that you aim for? °C</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

37.	Do you record checked hot-held food temperatures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
38.	Do you transport hot food? If yes, please explain how you ensure food is kept under proper temperature control.	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Handling and preparing raw and ready to eat or cooked foods		
39.	If you do not handle or prepare raw meat or poultry, unwashed salad, vegetables or fruit as well as ready to eat foods or cooked foods please tick "not applicable" and move onto the next section (L).	N.A <input type="checkbox"/>
40.	Do you keep raw and ready to eat / cooked foods separate during storage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41.	Do you separate the preparation of raw and ready to eat / cooked foods by preparing them at different times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
42.	Do you use different or separate surfaces, equipment and utensils to reduce the risk of cross-contamination between raw and ready to eat / cooked foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
43.	Do you use different food handlers to handle raw and ready to eat foods?	Yes <input type="checkbox"/> No <input type="checkbox"/> N.A <input type="checkbox"/>
44.	Do you or your food handlers change your / their protective over clothing, such as aprons, after handling raw foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
45.	If you have answered no to any of the questions in this section Q.40 - 44, please explain below what you do to reduce the risk of cross contamination.	
L. Physical and chemical contamination		
46.	How do you prevent physical contaminants getting into food (e.g. glass, plastic, foreign bodies etc.)? Please explain. How do you prevent chemicals (e.g. cleaning products) from getting into food? Please explain.	

M. Hand washing		
47.	Do you have a wash hand basin in your kitchen or in your food handling / preparation area (including on board mobile catering units / vehicles) or in a room close by?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you use the same sink that you use for washing hands for washing food and / or washing equipment and utensils?	Yes <input type="checkbox"/> No <input type="checkbox"/>
48.	Do you use hot water for washing hands?	Yes <input type="checkbox"/> No <input type="checkbox"/>
49.	Do you use liquid soap for washing hands?	Yes <input type="checkbox"/> No <input type="checkbox"/>
50.	Do you use hygienic hand drying facilities (e.g. paper towels)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
51.	Are you or your food handlers trained to wash your / their hands properly between different tasks to prevent cross contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
52.	Do you or your food handlers use gloves when handling food? If yes, please explain how and why gloves are used.	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Cleaning and disinfection		
53.	Do you have a written cleaning schedule or set cleaning procedures that you use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
54.	Do you use hot water and detergent for cleaning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
55.	Do you use a food-safe disinfectant / sanitiser? If yes, which brand do you use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
56.	Are different / separate cloths used to clean raw food preparation areas and ready to eat food preparation areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>

57.	What type of cloths do you use for cleaning? Tick <u>all</u> that apply. Re-useable cloths <input type="checkbox"/> Disposable J-cloths <input type="checkbox"/> Paper towels <input type="checkbox"/> Sponges / scourers <input type="checkbox"/>	
58.	Are re-useable cloths / towels cleaned and disinfected regularly? If yes, how do you do this? Please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
59.	Are any food handlers / staff trained to follow your cleaning procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N.A
60.	What type of sink do you have? Tick <u>all</u> that apply. Single sink <input type="checkbox"/> Double sink (2 large bowls) <input type="checkbox"/> Double sink (1½ Bowls) <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
61.	Is there an adequate supply of hot and cold running water available at your sink(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
62.	Do you use a dishwasher to clean utensils and equipment? Tick <u>all</u> that apply. Domestic dishwasher <input type="checkbox"/> Commercial dishwasher <input type="checkbox"/> No dishwasher <input type="checkbox"/>	
O. Operating a food business from home		
63.	If you <u>do not</u> operate your food business from your home or, store or prepare any food for your business at home, please tick "not applicable" and move onto the next section (P).	N.A <input type="checkbox"/>
64.	If you are using your kitchen at home to store or handle or prepare food for your food business, how do you ensure that your domestic activities do not put the safety of the food for your food business at risk?	
	Kitchen surfaces are cleared, cleaned and disinfected before starting to prepare food for business	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Separate equipment / utensils are used	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Separate fridge(s) and freezer(s) for domestic food and business food are used	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Separate cupboards or storage areas are used	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Cleaning equipment and chemicals are stored separately from food	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Access to the kitchen by children and family members is carefully controlled when it is being used for food business activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Pets are removed from the kitchen when it is being used for food business activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Windows and back doors are kept closed when food business activities are underway	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Domestic laundry / washing is carried out at a different time	Yes <input type="checkbox"/> No <input type="checkbox"/>

65.	Do you store food in any other area of your home such as a spare room, shed or garage? If yes, please tell us where and what type of food is stored here.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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P. Home bakers, dessert makers or chocolatiers

66.	If you <u>are not</u> a home baker / dessert maker or Chocolatier please tick "not applicable" and move onto the next section (Q).	N.A <input type="checkbox"/>
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67.	Do you prepare or store any of the following? Please tick <u>all</u> that apply. Cakes / desserts with raw or lightly-cooked egg topping or filling (e.g. meringue, mouse etc.) <input type="checkbox"/> Cakes / desserts with fresh cream <input type="checkbox"/> Decorated celebration cakes <input type="checkbox"/> Large cakes (e.g. Victoria sponge, lemon drizzle) <input type="checkbox"/> Small cakes and biscuits <input type="checkbox"/> Bread and / or bread products <input type="checkbox"/> Chocolates <input type="checkbox"/> Other <input type="checkbox"/> Please specify:
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68.	Please tell us the quantity of cakes, baked products or chocolates that you prepare for sale each week, month or year (e.g. 20 celebration cakes per year, 60 cupcakes per week etc.)
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69.	<p>Where do you sell the cakes / desserts / chocolates that you produce? Tick <u>all</u> that apply.</p> <p>Market stall <input type="checkbox"/> Charitable events / schools / church groups etc. <input type="checkbox"/></p> <p>Direct sales / Internet sales / mail order <input type="checkbox"/></p> <p>Cafe or shop <input type="checkbox"/> Please provide details in Section B, Q5</p> <p>Other <input type="checkbox"/> Please specify:</p>	
70.	<p>Do you use eggs? If yes, please tell us what type of eggs you use.</p> <p>Raw shell eggs <input type="checkbox"/> Pasteurised liquid egg <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
71.	<p>Where do you buy your eggs from? Tick <u>all</u> that apply.</p> <p>Supermarket <input type="checkbox"/> Farm shop <input type="checkbox"/> Farm gate <input type="checkbox"/> Corner shop / convenience store <input type="checkbox"/></p> <p>Commercial supplier / wholesaler <input type="checkbox"/> Friend / relative <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify:</p>	
72.	<p>How do you store your eggs? Tick <u>all</u> that apply.</p> <p>Fridge <input type="checkbox"/> Kitchen cupboard <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify:</p>	
Q. Food waste, general waste and pest control		
73.	<p>How and where do you store waste from your food business until it is collected / removed? Please give details.</p>	
74.	<p>What type of arrangements do you have in place to remove general waste and food waste produced by your food business? Tick <u>all</u> that apply.</p> <p>Normal household waste collection arrangement <input type="checkbox"/></p> <p>Commercial waste collection contract <input type="checkbox"/></p> <p>Take to waste disposal site <input type="checkbox"/></p> <p>Recycle / take to recycling facility <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify:</p>	
75.	<p>Do you carry out regular visual checks for pests such as insects and rodents?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
76.	<p>Do you have a pest control contract?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

R. Stock control		
77.	Do you carry out visual checks on food or ingredients that are delivered to you, or that you purchase from supermarkets / wholesalers etc. that will be used for your food business (e.g. date codes, quality, condition of packaging etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
78.	Do you check the temperature of any chilled or frozen food deliveries? If yes , do you record these temperatures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N.A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
79.	What type of stock control systems do you use. Tick <u>all</u> that apply. Stock rotation (first in - first out) <input type="checkbox"/> Regular date code checks (Use-By and Best-Before) <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
80.	Do you apply your own dates to food or have your own date-coding system? If Yes , please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
S. Food labelling		
81.	Do you apply any labels to food you produce or food you re-pack? If yes , please give details (e.g. add name of food, ingredients list, Use-By or Best Before date, Company name and address /contact details etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
82.	Do you have any procedures in place for dealing with customers with food allergies / intolerances? If yes , please tell us what procedures you have in place.	Yes <input type="checkbox"/> No <input type="checkbox"/>
83.	Are these procedures written down?	Yes <input type="checkbox"/> No <input type="checkbox"/>
84.	Are any staff / food handlers trained in your allergen procedures and do they understand the allergen information requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> N.A

T. Any other comments

Please add any additional notes or information here.

U. Sign and Return Questionnaire

I confirm that the information that I have supplied in this questionnaire is accurate and true to the best of my knowledge and belief. I will inform Bromley Council if there are any significant changes to the business. Please confirm by crossing this box.

Name (printed)	
Position in food business / premises	
Date	

Thank you for taking the time to complete this questionnaire.

Please return by email to: food@bromley.gov.uk

Or post to: The Food Team, Public Protection, Civic Centre, Stockwell Close, Bromley BR1 3UH.