

**food@shropshire.gov.uk**

[**www.shropshire.gov.uk**](http://www.shropshire.gov.uk)



**“Shropshire Public Protection”**

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**SELF-ASSESSMENT QUESTIONNAIRE FOR FOOD BUSINESSES IN SHROPSHIRE**

This questionnaire has been designed to assist you in ensuring the safety of the food that you produce, store or sell.

Please try to answer all questions as fully as possible. The information will be stored as a record of your food business activities. If you do not return this questionnaire your premises will be targeted for inspection.

If you are a new operator of this food business then please advise Regulatory Services at Shropshire Council by re-registering the premises via [www.gov.uk/food-business-registration/shropshire/apply](http://www.gov.uk/food-business-registration/shropshire/apply)

It is important that you also advise us of any major changes that you may or have made, such as

* Introducing the preparation, storage or sale of high-risk foods
* Re-locating your business
* Closing your business

Please return the completed form by email to food@shropshire.gov.uk

|  |  |
| --- | --- |
|  | **This column has been left free for you to add your own text and will expand as you write** |
| Is your business still operating?**If yes, please continue****If no, please return questionnaire and we will remove you from our database** |  |
|  |  |
| **Your Business** |  |
| What type of business do you have? **e.g. caterer, retailer, manufacturer, care setting etc** |  |
| Name of Food Business Operator |  |
| Address of Food Business Operator |  |
| Trading Name |  |
| Address |  |
| Post Code |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Website |  |
| Social Media  |  |
| Head Office Address (If different) |  |
|  |  |
| **Your** **Customers** |  |
| In general terms who are your customers? **(e.g. passing local trade, other businesses, local shops, community groups, shoppers at market stalls/festivals, internet sales etc.)** |  |
| How do communicate important information, such as allergens/shelf-life, to your customers? |  |
|  |  |
| **Your Staff** |  |
| Do you have any employees?If yes, how many? |  |
| Have you or any of your employees undertaken any food hygiene training? |  |
| How was this done? |  |
| What action do you take if you, or a member of staff, is suffering from diarrhoea and/or sickness, heavy cold or infected skin condition? |  |
|  |  |
| **Foods Made/Sold** |  |
| Please tell us what foods you make/sell |  |
| Low risk **e.g. fruits, vegetables, canned and other ambient stable products, home-baked cakes/pastries** |  |
| High risk Open **e.g. ham on the bone, meat/poultry/fish-based meals/sandwiches** |  |
| High risk Pre-packed **e.g. meats, cheeses, sandwiches, pasties, fresh cream cakes, yoghurts** |  |
| High risk Prepared/Cooked **e.g. sandwiches, hams, pies, cakes** |  |
| Any other foods sold/prepared? **(please specify)** |  |
| Who are your suppliers? |  |
| Do you deliver food to your customers? If yes, state how you ensure it is delivered safely. |  |
|  |  |
| **Stock Control and Storage** |  |
| Are food deliveries checked for damage/contamination/date codes? |  |
| Do you have a stock rotation system? |  |
| Do you use: a) refrigerators b) chilled display cabinets c) freezersState the temperatures you maintain these at. |  |
|  |  |
| **Cooking/Re-heating/Bake-Off** |  |
| Do you cook/re-heat/bake off foods?If yes, state which foods. |  |
| How do you determine if the food is cooked thoroughly? |  |
| **Food Safety Management System** |  |
| Do you have a documented food safety management system? |  |
| If yes, please indicate what you have **e.g. SFBB, Own system, Company system, HACCP**If no, do you keep any records to demonstrate ‘due diligence’ **e.g. temperature records, training records, stock control?**  |  |
|  |  |
| **Water Supply** |  |
| Is your water from the mains? |  |
| If no, please specify the source of water. |  |
|  |  |
| **Premises** |  |
| Are the walls, floors and ceilings in your premises in good condition to enable them to be effectively cleaned and disinfected, as necessary? |  |
| Do you have a written cleaning schedule? |  |
| How often are premises: 1. generally cleaned
2. deep cleaned?
 |  |
| How do you disinfect:1. food-contact surfaces
2. hand-contact surfaces?
 |  |
| How do you ensure potential pests are controlled? |  |
| Do you have a wash hand basin (s) with a supply of hot water, soap and hygienic hand drying facilities? |  |
| Where is this located? |  |
| Do you have toilet facilities on the premises? |  |
|  |  |
| **Waste Management** |  |
| Is your general waste removed by a Licensed Waste Carrier? |  |
| How do you dispose of waste cooking oil? |  |
|  |  |
| **Additional Information**Please provide any information you may wish to add. |  |
| Please use this space if you have any questions or wish to make any comments about this questionnaire. |  |
| Date of Completion of Questionnaire. |  |
| Name and designation of person completing this questionnaire. |  |

For further guidance on ensuring compliance with the Food Safety and Hygiene Regulations 2013, and for resources to assist you with this, go to:

Shropshire Council website at [www.shropshire.gov.uk/environmental-health/food-safety/](http://www.shropshire.gov.uk/environmental-health/food-safety/)

Food Standards Agency website at [www.food.gov.uk](http://www.food.gov.uk).

**Thank you for completing this questionnaire**

🞎 I consent to receive marketing information from Shropshire Council on non-statutory discretionary services (i.e. training, pest control or consultancy services). My email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_