

Bed & breakfast

Self assessment questionnaire

1. Name and address of business:

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.....

Tel no: Fax no:

Email:.....

2. Name of proprietor(s):

.....

About your food business

3. How many rooms do you offer for bed and breakfast?.....

What is the maximum number of guests you can accommodate at any one time?

less than 20

more than 21

4. What type of food do you provide? *(please tick all that apply)*

continental breakfast

full english breakfast

lunch

evening meal

other *(please specify)*:

If you provide lunch and/or evening meal, please detail the type of foods that are provided:

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.....

5. Do you have a documented food safety management system? yes no

If yes, is it: a company/in house/safer food better business/other system? *(delete as appropriate)*

If other, please state:

Storage

11. Please indicate how you prevent contamination of food whilst it is stored in your cupboards, refrigerators and/or freezers (e.g. are all raw foods stored away from cooked/ready to eat foods? Are foods stored in containers/covered, etc.?)

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12. If appropriate, do you carry out any temperature checks of your refrigerators and/or freezers?

yes no

If yes, at what temperatures do you aim to keep the units and how often do you check the temperatures?

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13. How do you ensure adequate stock rotation?

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Preparation

14. Please give details of how food is prepared and what systems you have introduced to prevent contamination of food (e.g. cleaning systems, personal hygiene issues, use of different chopping boards, etc.).

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15. What cleaning chemicals do you use in the kitchen?

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Cooking

16. How do you ensure that cooked food has been properly cooked and will be safe to eat?

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17. If you use a food probe thermometer, what minimum core temperature do you check for?

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Hot holding

18. Do you hot hold any food items?

yes no

If yes, please indicate what foods and what checks/controls you have introduced to ensure that the food is being held at the correct temperature?

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Cooling

19. Do you cool down any food items to be eaten at a later date?

yes no

If yes, please confirm which food will be cooked and cooled down for later use, and what controls you have introduced to ensure that this is carried out quickly and safely.

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Display

20. Do you display any food items for self-service?

yes no

If yes, please confirm which foods are displayed (including cereals, toast, yoghurts, ham, cheese, etc.) and how you ensure that perishable foods are temperature controlled.

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I confirm that the information that I have supplied in this questionnaire is true to the best of my knowledge and belief. I will inform Reigate and Banstead Borough Council if there are significant changes to the business.

Signed:

Name of person completing the questionnaire:

Position in company:

Date:

Thank you for taking the time to complete this questionnaire.

Please return in the pre-paid envelope provided.