

# Home caterer

## Self assessment questionnaire

1. Name: .....
- Address: .....
- .....
- Tel no: ..... Email: .....

### About your food business

2. Please list the types of food prepared/cooked/produced:
- .....
- .....
- .....
3. How many customers do you serve on average per day:
- less than 20       21-50       more than 50
4. Please confirm where you sell your food items (including local markets, outside catering events, village halls, etc.):
- .....
- .....
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: .....

### Food hygiene supervision, instruction and training

6. Have the food handlers undertaken any food hygiene training?      yes       no
- If no, please confirm what food hygiene instructions have been given:
- .....

## Purchase of food

7. Please indicate what arrangements are made for the collection/delivery of food items/ingredients (e.g. purchase from a local supermarket) and what controls you have introduced to ensure the food is kept safe (e.g. use of a cold box, checking 'use by' dates, etc.):

.....  
.....

## Storage

8. 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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.....

9. How do you make sure food gets used before any 'use by' or 'best before' date?

.....  
.....

10. How long do you keep food you have produced if it is not served immediately?

.....

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

yes  no

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

.....

## Preparation

12. How do you prevent cross-contamination when preparing food?

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.....  
.....

13. How do you prevent physical hazards getting into food (e.g. glass, packaging, plastics, etc.)?

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.....  
.....

14. How do you prevent chemicals (e.g. from cleaning products) getting into food?

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15. What chemicals do you use for cleaning/disinfecting surfaces, equipment, etc. in the kitchen?

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.....

16. What protective clothing do food handlers wear?

.....  
.....

17. Is there an easily accessible wash hand basin?

yes  no

Is it equipped with:

hot water  cold water  soap  hand drying facilities

**Cooking/reheating**

18. If applicable, how do you check food is thoroughly cooked?

.....  
.....

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

.....

**Cooling**

20. Do you cook and cool food items to be eaten at a later date?

yes  no

If yes, please detail what types of food and how you ensure food is cooled quickly:

.....  
.....

**Transportation**

21. How do you transport the food to the place where it is to be sold and how do you ensure that the food is adequately protected from contamination or adequately chilled (if applicable)?

.....  
.....

## Display

22. How do you display the food at its point of sale?

.....  
.....

23. How long will the food be on display for?

.....  
.....

24. If applicable, how do you keep high risk foods chilled/frozen while on display?

.....

## Infection control

25. Please detail what action would be taken if you/the food handler is or has been ill (e.g. had symptoms of vomiting, diarrhoea, nausea, etc.):

.....  
.....

## Pest control/pets

26. What checks do you carry out to ensure your premises are kept pest free?

.....  
.....

Do you have any pets?

yes  no

If yes, how do you ensure that they are kept away from food?

.....  
.....

**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.**