

# Retail shop

## Self assessment questionnaire

1. Company name: .....
- Trading as: .....
- Address: .....
- .....
- Tel no: ..... Fax no: .....
2. Name of proprietor(s): .....
3. Head office/address of proprietor(s) (*if different from above*):
- .....
- .....
- Tel no: ..... Fax no: .....
- Email: .....

### About your food business

4. How many customers do you serve on average per day?
- less than 20       21-50       more than 50
5. Please tick the type of foods you store/handle/prepare and/or deliver:
- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| drinks ( <i>inc. alcohol</i> )                  | <input type="checkbox"/> | cakes                                      | <input type="checkbox"/> |
| rolls/sandwiches                                | <input type="checkbox"/> | chilled food ( <i>i.e. cheese, salad</i> ) | <input type="checkbox"/> |
| crisps/nuts                                     | <input type="checkbox"/> | confectionary                              | <input type="checkbox"/> |
| hot food ( <i>i.e. burgers, lasagne, etc.</i> ) | <input type="checkbox"/> | frozen foods                               | <input type="checkbox"/> |
- other foods (*please state*): .....

### Control of food hazards

6. 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

7. Total number of staff who handle food:.....
8. Have you or your staff undertaken any food hygiene training (e.g. at basic food hygiene or foundation food hygiene level, etc.)
- yes  no
9. What type of food hygiene instructions do you give food handlers when they start work for you for the first time (e.g. do you provide induction training for all staff? If so, what does this involve)?

.....

.....

.....

## Purchase of food

10. Please list all food suppliers that you use:

.....

.....

## Storage/display

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 for.

.....

.....

12. Do you keep any temperature records?

yes  no

13. Do you store or display any raw unwrapped foods?

yes  no

If yes, please detail how you ensure such foods are prevented from contaminating other foods.

.....

.....

14. How do you make sure food gets used before any use-by or best-before dates, i.e. what stock rotation system do you have in place?

.....

.....

## Preparation

15. Do you prepare any open foods on site?

yes

no

If yes, please detail what type of food preparation you carry out, e.g. sandwiches, meat/cheese slicing, heating pies/sausage rolls, etc.)?

.....

.....

What chemicals do you use for cleaning/disinfecting surfaces, equipment, shelving, etc?

.....

Is there an easily accessible wash hand basin?

yes

no

Is it equipped with:

hot water

cold water

soap

hand drying facilities

## Infection control

16. 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.):

.....

.....

When are they allowed back to work?.....

## Pest control

17. Do you have a contract with a pest control company?

yes

no

If no, what checks do you carry out to ensure your premises are kept pest free?

.....

.....

**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.**