#  Appendix 3

# Event Catering Form

**Dear Caterer,**

This questionnaire is to be completed and returned. Failure to do so will render your contract invalid.

All caterers at the event must comply fully with the requirements of the current food safety legislation and with the instructions given by Environmental Health at the Council. This information will be forwarded to the Environmental Health Department.

**Name of event:**

**Location: Date of event:**

|  |  |
| --- | --- |
| Name of Proprietor: |  |
|  |  |  |  |
| Company Name: |  |
|  |  |  |  |
| Stall Name: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |
| Post Code: |  | Tel no: |  |
|  |  |  |  |
| Email: |  | Mobile no: |  |
|  |  |  |  |
| Please supply the name of the Council you are registered with: |
|  |  |  |  |
| Name: |   |
|  |  |  |  |
| Date of last inspection: |  |  | Food Hygiene Rating: |  |
|  |  |  |  |  |
| Foods Provided: |  |
|  |  |
| **Details** |  |  |
|  |  |  |
| No of vehicles or units beingbought onto site: |  |  |
|  |  |  |
| Type of unit: | Stall: |  | Purpose built: |  | Tent: |  |  |
|  |  |  |
|  | Marquee |  | ConvertedVehicle: |  | Other:please specify |  |
|  |  |
|  |  |  |  |
| Size of unit(s) | Length: including tow-bar & all hatches |  |
|  |  |  |  |
|  | Width: including serving hatch |  |
|  |  |  |  |
|  | Height: |  |  |
|  |  |  |  |
| **The following questions are provided to help you identify any hazards and for you to put the necessary controls in place. Please answer yes or no to the following questions; if you answer no, then there is a potential risk of something going wrong and further details may be required. If not applicable, please put N/A in the No box.** |
|  |  |  |  |
| **Food safety management and staff** |  |
|  |  |  |  |
| Do you have a food safety management system e.g. Safer Food Better Business? |  |  | Yes |  | No |
|  |  |
| Do you keep temperature monitoring record sheets, training records etc? |  |  | Yes |  | No |
|  |  |
| Are these available for inspection on your stall? |  |  | Yes |  | No |
|  |  |
| How many staff will you be using? |  |  |  |
|  |  |
| Are all your food handlers trained, supervised or given instruction to ensure food safety? This includes temporary staff. |  |  | Yes |  | No |
|  |  |
| Have you got a good supply of clean over-clothing for staff to wear? |  |  | Yes |  | No |
|  |  |
| Are your staff aware they should not handle food if suffering from illnesses that could be passed onto food? |  |  | Yes |  | No |
|  |
| Do staff regularly wash their hands including before preparing food, and after handling raw food? |  |  | Yes |  | No |
|  |
| Have you got a first aid box with blue waterproof plasters? |  |  | Yes |  | No |
|  |
| **Delivery and storage** |
|  |
| Will your food be purchased from a reputable registered supplier? |  |  | Yes |  | No |
| If the food is being delivered to site, what arrangements will be made for reception of goods? |  |
|  |
| Are all food storage areas under cover and protected from contamination? |  |  | Yes |  | No |
|  |
| Are they clean and free from pests? |  |  | Yes |  | No |
|  |
| Do you have enough refrigeration and does it work properly?Can you keep high risk foods stored/displayed at 8C or less? |  |  | Yes |  | No |
|  |
| If you use raw and cooked foods are they adequately separated during storage? |  |  | Yes |  | No |
|  |
| Is stock used in date? I.e. no food beyond its use by or best before date |  |  | Yes |  | No |
|  |
| **Food preparation and service areas** |
|  |
| Wash hand basin(s) accessible to all food handling areas? Are they supplied with warm and cold water, soap and paper towels? |  |  | Yes |  | No |
|  |
| Have you got sink facilities at the unit for hygienically washing food and equipment? Are they supplied with hot and cold water? |  |  | Yes |  | No |
|  |
| Do you have sufficient non-slip, hygienic, washable floor coverings for the food preparation areas? Are they designed to keep out mud? |  |  | Yes |  | No |
|  |
| Are all worktops and tables sealed or covered with an impervious, washable material? Are there enough? |  |  | Yes |  | No |
|  |
| If there is no mains drainage have you made hygienic provision for the disposal of waste water, e.g. waste pipe from sink to waste water carrier? |  |  | Yes |  | No |
|  |
| Have you got enough fresh water containers? Are they clean and disinfected and kept closed/have they got lids? |  |  | Yes |  | No |
|  |
| Is food protected from contamination at all times? |  |  | Yes |  | No |
|  |
| Have you got adequate natural/artificial lighting, particularly for food preparation and service at night? |  |  | Yes |  | No |
|  |
| Is all your equipment in good repair?  |  |  | Yes |  | No |
|  |  |  |  |  |  |
| Do you have a probe thermometer and sanitising probe wipes? |  |  | Yes |  | No |
|  |
| **Cleaning and food waste** |
|  |
| Is your stall/vehicle clean? Can it be kept clean? Have you allowed time for thorough cleaning of the vehicle/stall equipment between events? |  |  | Yes |  | No |
|  |
| Have you an ample supply of disposable cloths and a ‘food-safe’ disinfectant/sanitiser (conforming to BS EN 1276) to disinfect food and hand contact surfaces? |  |  | Yes |  | No |
|  |
| Have you got sufficient facilities to hygienically store waste? |  |  | Yes |  | No |
|  |
| Are appropriate arrangements in place for the collection of all waste types? |  |  | Yes |  | No |
|  |
| **Health and safety** |
|  |
| Your power source: | LPG: |  |  Diesel |  |  |  |  |
|  |
|  | Other:please specify |  |  |  |  |
|  |
| *Please note: If you use a generator, failure to provide adequate guarding and earthing will result in being excluded from the site. Oxford City Council does NOT allow petrol generators. All stalls should be of an adequate size, weather proof and have a fireproof covering.* |
|  |
|  |
| Are the gas appliances and pipework inspected for safety annually by a Gas Safe Registered engineer? Are there outstanding gas safety works? |  |  | Yes |  | No |
|  |
| Have the electrics on the unit been maintained in a good condition and designed and regularly inspected for safety by a competent electrician? |  |  | Yes |  | No |
|  |
| **Further information** |
|  |
| What shows / events have you attended in the last year? |  |
|  |
| Name of personcompleting this questionnaire |  |  |  |
|  |
| Address: |  |
|  |  |  |  |
| Post Code: |  | Tel no: |  |
|  |  |  |  |
| Signed: |  |  Print Name: |  |
|  |  |  |  |  |  |  |  |  |  |
| Position in Company: |  |

**By signing this document I agree that if the above conditions are not met during the event then the organiser is able to, at discretion, remove me from site.**