

# Food Safety Information Questionnaire

## Food Safety and Hygiene (England) Regulations 2013



**\*You are required to complete this form under Food Hygiene Law**

WK/201614453

Please complete all parts of this questionnaire

Business Name: Mount Pleasant Public House

Business Address: Mount Pleasant Public House, 88 Mount Pleasant Road, Hastings, East Sussex, TN34 3SN,

Registered/Head Office Name & Address : (where applicable)

Name of Food Business Operator or Owner: [REDACTED]  
 (the person(s) responsible for ensuring the requirements of food law are met within the food business under their control)

Name of Person to Contact: ..... (if different from above)

Tel: [REDACTED] ..... Email Address: .....

**What is the main food activity? Do you prepare or sell the following? Please specify where applicable**

Food Type	Prepare (tick if applicable)	Sell (tick if applicable)	How many portions served per day/week/year (specify if applicable)	How Many People served per day/week/year (specify if applicable)	How Many times per year (specify if applicable)
Beer/Alcohol/Soft Drinks		✓			
Pre-packaged Low risk Foods (crisps/biscuits/confectionary)		✓			
Filled Rolls/Sandwiches					
Occasional Functions (hot food)					
Occasional Functions (cold foods i.e. sandwiches/ cold buffet)					
Pre-packaged High risk foods (ham, cheese pre-packed sandwiches)					
Preparing High Risk Foods (sausages, bacon, eggs)					
Providing kitchen facilities only to community groups etc.					

Other (please describe).....

HASTINGS BOROUGH COUNCIL

- 9 FEB 2017

AQUILA HOUSE

**What is the business type:**

Business Type	Tick which is applicable	Opening times
Convenience/Grocery Store		
Church/village Hall		
Childminder/Playgroup		
Café/Caterer/canteen		
Other Retail		
Bed & Breakfast (guest house/hotel)		
Filling Station (with retail)		
Public House (wet sales with snacks)	✓	12 - 12
Home Caterer		
Home Baker		
Leisure Facility		
Pharmacy/Chemist		
Other (please describe)		

Has anyone in the business undertaken Food Hygiene Training? Yes  No  Comments: .....

If yes what training and date of training: .....

Is there a wash hand basin with hot and cold running water/paper towels & hand soap? Yes  No  Comments: .....

Is there a cleaning schedule in place Yes  No  Comments: .....

Do you monitor fridge temperatures? Yes  No  Comments: .....



Do you have a system of stock rotation/controls in place: Yes  No  comments: .....

Is the structure of the food business in good repair? (walls/floors/ceilings) Yes  No  Comments: .....

Do you carry out any checks for pests/vermin? Yes  No  Comments: .....

Do you keep written records of any of your checks ? Opening/Closing Checks.....  
 Fridge Temperatures.....  
 Cooking Temperatures.....  
 Hot Holding Temperatures.....  
 Cleaning Schedule.....  
 Other (please specify).....

How do you dispose of commercial waste?..... Biff-A .....

Signed: .....  ..... Print Name: .....  .....

Date: 23.11.17 .....

**Please return this form in the pre-paid envelope to the address below. Information supplied in this form will be used to determine your compliance with food law. Non- return of this questionnaire will require the Environmental Health Team to carry out a full food hygiene inspection of your business to determine compliance.**

Environmental Health Team  
 Aquila House, Breeds Place  
 Hastings East Sussex TN34 3UY  
 Tel: 01424 451078 Email: FoodSafety@hastings.gov.uk