| **FHR_logo_english** | **Food Hygiene Rating Scheme**  **Request for a Re-visit** |
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«TRADNAME» «UKEY»

| **Notes for businesses**   * As the Food Business Operator of the establishment you have a right to Request for a Revisit for the purposes of re-rating if you have taken action to rectify the non-compliances identified at the time of inspection. * You can make one Request for a Revisit per payment to the Local Authority and you can make this at any time after the statutory inspection provided that you have made the required improvements. * You must provide details of the improvements made with your request, including supporting evidence where appropriate. * If the Local Authority considers that you have provided sufficient evidence that the required improvements have been made, an unannounced visit will be carried out. This will take place within 3 months of when the completed form and payment is received. * The Food Safety Officer will give you a “new” Food Hygiene Rating based on the level of compliance that is found at the time of the re-visit – you should be aware that your rating could go up, down or remain the same. * To make a Request for a Revisit, please use the form below and return it to the address at the bottom of the form with payment of £185 |
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|  | Food Business Operator/Proprietor | | | | |  |  | | | | | | | | |  |
|  |  | | | | |  |  | | | | | | | | |  |
|  | Business name | | | | |  |  | | | | | | | | |  |
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|  | Business addresses | | | | |  |  | | | | | | | | |  |
|  |  | | | | |  |  | | | | | | | | |  |
|  | Business tel no |  | |  | | | |  | | Business email | |  |  | | |  |
|  |  | | | | |  |  | | | | | | | | |  |
|  | Date of inspection | |  | |  | | | |  | | Food Hygiene Rating given | | |  |  |  |
|  |  | | | | |  |  | | | | | | | | |  |

Please describe the remedial action you have taken with reference to the issues identified in the inspection letter/report provided to you by your Local Authority with your score:

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|  | Food Safety Management System/control procedure requirements |  |  |  |
|  |  |  |  |  |
|  | Compliance with food hygiene and safety requirements |  |  |  |
|  |  |  |  |  |
|  | Compliance with structural requirements |  |  |  |
|  |  |  |  |  |

Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant HACCP documentation etc.).

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|  | Signed | | | |  | |  | | | | | |  |
|  |  | | | |  | |  | | | | | |  |
|  | Name in capitals | | | |  | |  | | | | | |  |
|  | |  | | | |  | |  | | | | |  |
|  | | Position |  |  | | | | |  | Date |  |  |  |
|  | |  | | | |  | |  | | | | |  |

Please now return this form to: Public Health & Regulation, Adur & Worthing Councils, Worthing Town Hall, Chapel Road, Worthing, BN11 1HA.

Email: [publichealth.regulation@adur-worthing.gov.uk](mailto:publichealth.regulation@adur-worthing.gov.uk) Tel: 01273 263331

| **FHR_logo_english** | **Food Hygiene Rating Scheme**  **‘Right to Reply’** |
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«UKEY»

| **Notes for businesses**   * As the Food Business Operator of the establishment you have a ‘right to reply’ in respect of the food hygiene rating given following your inspection. * The purpose is to enable you to give an explanation of subsequent actions that have been taken to make the required improvements as detailed in the inspection letter, or to explain mitigation for the circumstances at the time of the inspection. It is not for making complaints or for criticising the scheme or food safety officer. * If you wish to use this ‘right to reply’, please use the form below and return it to the food safety officer that undertook your inspection - contact details are provided with the written notification of your food hygiene rating. * Your comments will be reviewed by the Food Safety Officer and may be edited in order to remove offensive or defamatory remarks before being published online and displayed together with your food hygiene rating at [food.gov.uk/ratings](http://www.food.gov.uk/ratings). * There will be a statement at [food.gov.uk/ratings](http://www.food.gov.uk/ratings) that will highlight that the accuracy of your comments has not been verified by Local Authority Officers. |
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|  | Food Business Operator/Proprietor | | |  |  | | | | |  |
|  |  | | |  |  | | | | |  |
|  | Business name | | |  |  | | | | |  |
|  |  | | |  |  | | | | |  |
|  | Business addresses | | |  |  | | | | |  |
|  |  | | |  |  | | | | |  |
|  | Date of inspection |  |  | | |  | Food Hygiene Rating given |  |  |  |
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☐ I agree with the inspection results but have since carried out the following improvements (tick all that apply):

☐ The establishment has been thoroughly cleaned and procedures are in place to ensure that cleanliness is maintained.

☐ The establishment has been or will shortly be fully renovated.

☐ A new management system has been implemented.

☐ There is now a new manager and/or new staff.

☐ The staff have been trained/re-trained/given instruction/are under revised supervisory arrangements.

☐ Other – please expand below and use only the space provided

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☐ The conditions found at the time of the inspection were not typical of the normal conditions maintained at the establishment and arose because (Please explain below and use only the space provided. You can also state any other improvements made):

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|  | Signed | | | |  | |  | | | | | |  |
|  |  | | | |  | |  | | | | | |  |
|  | Name in capitals | | | |  | |  | | | | | |  |
|  | |  | | | |  | |  | | | | |  |
|  | | Position |  |  | | | | |  | Date |  |  |  |
|  | |  | | | |  | |  | | | | |  |

Please now return this form to: Adur & Worthing Councils, Worthing Town Hall, Chapel Road, Worthing, BN11 1HA. Email: [publichealth.regulation@adur-worthing.gov.uk](mailto:publichealth.regulation@adur-worthing.gov.uk) Tel: 01273 263331