|  |  |
| --- | --- |
| FORM D – Physical and Pre-Requisites Inspection Form | |
|  |  |
| Business Name: |  |
|  |  |
| Approving Number: |  |
|  |  |
| Officer: |  |
|  |  |
| Date of Initial Completion: |  |

**Establishments Design and Layout**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Equipment in good repair and capable of being cleaned and disinfected (where necessary)** |  |
| **Structure in good repair and capable of being cleaned and disinfected (where necessary)** |  |
| **Maintenance Arrangements** |  |

**Cleaning & Disinfection**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Procedures**   |  |  | | --- | --- | | Specify |  | | Agents |  | | Dilution Rates |  | | Contact Times |  | | Temperature |  | | Time |  | | **Consideration of positive release of high risk equipment** |  | | |

**Pest Control**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Pest Control Arrangements (Note contractor details where applicable)** |  |
| **Evidence of Activity/Proofing issues** |  |

**Waste Management**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Waste Disposal Arrangements (including ABP)** |  |
| **Observations on waste control, including in food rooms and waste awaiting uplift** |  |

**Personnel & Personal Hygiene**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Changing Facilities** |  |
| **Protective Clothing Provision** |  |
| **Hand Washing Facilities and Procedure** |  |
| **Sickness Procedure** |  |
| **Visitors and Contractors Arrangements** |  |

**Training**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Training of Food Handlers** |  |
| **No. of Food Handlers** |  |
| **No. Trained to Elementary** |  |
| **No. Trained to Higher Level (specify)** |  |
| **Training Format e.g. in-house/ on-line etc.** |  |
| **CCP/OPP/PRP/Task Specific Training** |  |
| **HACCP Training** |  |

**Product and Environmental Testing**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Sampling Plan (include details of laboratory and UKAS accreditation)** |  |
| **Validation and Verification sampling** |  |
| **End Product Micro sampling (including EC 2073/2005 where applicable)** |  |
| **Environmental Sampling** |  |

**Process Control**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Control of Incoming Product – supplier approval, certificates of conformance etc.** |  |
| **Master Manufacturing Instructions/Recipes** |  |
| **Standard Operating Procedures for control of recipes, ingredients, labelling etc.** |  |

**Complaints, Traceability & Product Recall**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Traceability Procedure** |  |
| **Internal Traceability** |  |
| **Product Recall procedure, including arrangements for testing**  **Date and outcome of last test** |  |
| **Complaints** |  |

**Labelling and Documentation** (Copies to be taken for file)

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Approval Code Applied** |  |
| **Validated Durability Date applied (with appropriate storage conditions specified)** |  |
| **Invoices Compliant with EC 931/2011 (where applicable)** |  |
| **Declarations/Claims** |  |

**Allergens**

|  |  |
| --- | --- |
| **Assessment** | **Objective Evidence** |
| **Allergen Policy** |  |
| **Allergen Cross Contamination Procedures** |  |
| **Declarations** |  |

**Review Record**

|  |  |
| --- | --- |
| **Date** | **Officer** |
|  |  |
|  |  |
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|  |  |
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|  |  |
| **END OF FORM** | |