

## FOOD SAFETY QUESTIONNAIRE FOR MOBILE TRADERS

Event:	
Date:	
•	
Location:	

## **Important Information**

In order to streamline our operation and to save our mobile traders time you now only need to complete this form once per calendar year. Please list the events that you are planning to attend this year at question 16 at the end of this form. If you need to inform of us of your attendance at any additional events you can do so by emailing environmental.health@dacorum.gov.uk

Trading Name						
Owners Name		Position				
A 1.1						
		Mobile				
Email						
Type of structure						
Trailer	Van	Vehicle Reg.				
Stall	Tent	Other				
<u>—</u>						
Please indicate power source						
LPG	Diesel					
Petrol	None	Other				
Hava van va viatav						
Have you register	Have you registered as a food business? Yes No					
If yes, with which c	ouncil? _					
How long have yo	u been operating	as a food business?				
Which Local Authority is responsible for issuing your sticker?						

8.	What is your food hygiene rating score?						
9.	Please name all t card)	foods	pre	pared and sold (alternatively enclose a me	enu		
10.		epared or stored in a place other than the hat is done and where.	e				
11.	Which facilities v	will yo	u pr	ovide on site?			
	storage	Υ	N	Cooking Equipment	Υ	N	
ridg				Cooking hob*			
Cool				Grill/Griddle*			
Cold display unit				Fryer*			
-ood	Thermometer			Oven/spit/BBQ*			
				Microwave		-	
	onal Hygiene			Cleaning Facilities			
landwash basin **				Separate food wash sink			
Hot water for basin				Separate equipment sink			
Hand soap				Hot water for sinks			
	towels			Detergent			
Protective clothing				Disinfectant BS:EN?			
	Aid kit			Cleaning cloths			
Jrink	able water						
**A d		I basin	MU	ust be provided with these appliances ST be provided where open food is handled the WC facilities)	(this	is ir	
12.	Have those staff	handl	ing	ood undergone formal food hygiene trair	ning?	,	
	Yes	If	yes,	which course?			
13.	Do you have a wi	ritten F	- - - -	I Safety Management System?	_		
ıJ.				i daicty management dystem:			
13.	Yes			No			

14.	Are you a member of a catering organisation e.g. NCASS? If yes state which one:	s please				
15.	Do you have (Please tick)  Public liability insurance					
	Gas/electrical safety certificates					
16.	Please list the events that you are planning to attend this year below					
	claration you agree that the information you have provided is accuration your operation you must inform us immediately in order for us to rm.					
Signature	Name [	Date				
Thank you for filling in this questionnaire. To ensure high standards at the event, the details may be passed to Dacorum Borough Council's Regulatory Services. It is likely that a food safety inspector will visit you at the event. If you have any queries or want food safety advice prior to the event, please call the Environmental Health Division on (01442) 228455 or email environmental.health@dacorum.gov.uk						