



**MID SUSSEX DISTRICT COUNCIL
MOBILE AND STREET TRADING**

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

1 Name: Home address		Trading name: Business Address	
Tel. no: Email:		Tel. no: Email:	
2 Name of event / Trading location or map of site: Dates and times:			
3 No of vehicles and stalls to be brought on site: Vehicle registration numbers: and names of registered owners:			
4 Type of structure: Stall <input type="checkbox"/> Purpose built vehicle <input type="checkbox"/> Converted vehicle <input type="checkbox"/> Other (please specify): Size of stall/vehicle: Please provide a photograph:			
5 If selling or providing food or drink, the Local Authority the business is registered with: What food hygiene rating has been awarded to the business by the Authority.			
6 Description of the proposed articles or foods to be sold:			
7 State full names of all other persons who may assist you in the sale or provision of articles:			
8 Name of person completing this questionnaire: Address: Signature: _____ Date _____ Position in Company:			

Completed forms must be returned to:
Environment Health, Mid Sussex District Council, Oaklands, Oaklands Road, Haywards Heath, West Sussex,
RH16 1SS. Or email to: foodsafety@midsussex.gov.uk.

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FOOD SAFETY AND HEALTH & SAFETY QUESTIONNAIRE

**FOOD BUSINESSES MUST ANSWER QUESTIONS IN BOTH SECTIONS A & B
ALL BUSINESSES MUST ANSWER QUESTIONS IN SECTION B**

SECTION A - FOOD QUESTIONNAIRE: To be completed by all food providers

1	Do you intend to sell food or drink? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered 'NO' proceed to SECTION B of this form	
2	Do you have a documented 'Food Safety Management System' e.g. Safer Food Better Business Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Please indicate which of the following foods you carry either for sale or for use as an ingredient: Milk <input type="checkbox"/> Poultry <input type="checkbox"/> Ice cream <input type="checkbox"/> Cream <input type="checkbox"/> Salad <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Egg products <input type="checkbox"/> Raw meat <input type="checkbox"/> Cooked meat <input type="checkbox"/> <i>(NOTE: WE MAY VISIT YOUR STALL DURING THE EVENT AND REQUEST A SAMPLE OF YOUR HIGH RISK FOOD FOR MICROBIOLOGICAL TESTING)</i>
4	If any food products are prepared or stored in a place other than the vending vehicle or stall, please state what is done and where:
5	Will food be delivered to the site by a separate supplier? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe arrangements for delivery of food to your stall:
6	Do you have ready-to-eat food and raw food on your stall? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how do you ensure separation of raw and ready-to-eat foods?
7	Do you have separate equipment for raw and ready-to-eat food e.g. trays, tongs or scales? Yes <input type="checkbox"/> No <input type="checkbox"/>
8	How do you identify which equipment is for raw and which is for ready-to-eat foods?
9	Please indicate which of the following facilities you intend to provide on site: Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Cooking hob <input type="checkbox"/> Deep fat fryer <input type="checkbox"/> Oven <input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Chiller/fridge <input type="checkbox"/> Other cooking facilities (Please specify):
10	Do you use a probe thermometer? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NOTE: YOU MUST ENSURE THE PROBE IS CLEANED AND DISINFECTED BEFORE AND AFTER USE)</i>
11	Do you keep temperature-monitoring records? Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Will food be kept hot after cooking? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, how will food be kept at above 63°C?

13 Do you provide "TASTE" samples for your customers? Yes No
 If YES, how will these be served hygienically to customers?

14 What arrangements have you made for hand washing on the stall?
 Wash hand basin Soap Hand drying facilities
 Describe your method of providing both hot and cold water or water at a suitably controlled temperature at the wash hand basin:

15 Do you supply protective clothing for food handlers? Yes No

16 Please indicate the facilities you intend to provide for cleaning equipment: (To be separate from hand washing facilities.)
 Sink Hot water supply to the sink

17 Please specify materials used for cleaning:
 Detergent Disinfectant Sanitiser BS EN 1276
 Other please specify:

(NOTE: YOU MUST ENSURE YOU CLEAN REGULARLY THROUGHOUT THE EVENT –DURING AN INSPECTION IT MAY BE VERIFIED USING ENVIRONMENTAL SWABBING OF SURFACES OR EQUIPMENT)

18 Do you use water to prepare cold drinks, food or wash food? e.g. to wash salad?
 Yes No
 How is water stored on the stall, what type of containers are used?

 How do you clean the containers and how frequently?

 Where do you intend to obtain your water supply? (This must be 'potable' ie mains water.)

(NOTE: WATER SAMPLES MAY BE TAKEN DURING THE EVENT FROM STAND PIPES AND STALLS)

19 Describe the facilities you will provide for the collection, hygienic & safe disposal of dirty water and refuse at the trading site?

20 Please give details of Food Hygiene Training completed by all members of staff that will be working on your stall or vehicle:

Name	Level of Training	Date

SECTION B - HEALTH AND SAFETY QUESTIONNAIRE

1 ELECTRICAL SAFETY

Have all electrical portable appliances in use at your stall/vehicle been tested? Yes No

NOTE: IT IS A RECOMMENDATION THAT YOUR EQUIPMENT HAS CURRENT PAT TEST CERTIFICATE (Inspection certificates should be available for inspection when trading on site)

2 FIRE SAFETY EQUIPMENT

What type and number of fire extinguishers are provided at your stall or vehicle?

Do you have a fire blanket for use on your stall? Yes No

NOTE: THIS IS A REQUIREMENT ON STALLS USING DEEP FAT FRYERS)

3 GAS SAFETY

Do you use LPG on your stall or vehicle? Yes No

if you have answered NO please proceed to question 12

If YES, state quantity in kg to be stored on the stall _____ kg

(YOU SHOULD HAVE ONLY THE REQUIRED NUMBER OF CYLINDERS TO OPERATE THE EQUIPMENT IN USE PLUS A RESERVE OF THE SAME CAPACITY.)

4 What health and safety training have you and/or your staff had? (Please give the type of training received and dates of the courses)

5 How often does a suitably trained person make a visual inspection of the gas cylinders, pipe-work & appliances, including ventilation and flues, etc?

6 Has the gas system of your unit been inspected, tested and serviced by a "Gas Safe" registered engineer who has mobile catering qualifications?

Date of last service:

Name and address of competent person:

Gas Safe registration number:

7 What method/s or product/s do you use for checking for gas leaks?

How often is this done?

8 While trading, are your LPG cylinders kept:

a) In a separate gas tight compartment within the vehicle/unit?

Yes No

b) In a separate gas tight compartment attached to the outside of the vehicle/unit?

Yes No

c) Outside the vehicle but secured and protected against unauthorised interference?

Yes No

d) If you have said 'YES' to either a) or b) above, does the compartment have high & low ventilation direct to the outside? Yes No

9 What length of flexible hose is used to connect the LPG to each appliance?

