

Food Hygiene Rating

Scheme:

Request for a re-visit

Notes for businesses:

- As the food business operator of the establishment you have a right to request a re-visit 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 your request for a re-visit 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.
- There is a fee of £150.00 for each revisit request and payment is required before the revisit can be undertaken.
- If the local authority considers that you have provided sufficient evidence that the required improvements have been made, the local authority will make an unannounced visit. This will take place within three months of the request being accepted and payment received.
- The local authority 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 complete this form and return it to the address at the bottom of the page. **Once your request has been approved you will receive instructions on how to pay the fee.**

Business details

Food business operator/proprietor	<input type="text"/>		
Business name	<input type="text"/>		
Business addresses	<input type="text"/>		
Business tel. number	<input type="text"/>	Business email	<input type="text"/>

Inspection details

Date of inspection	<input type="text"/>	Food hygiene rating given	<input type="text"/>
--------------------	----------------------	---------------------------	----------------------

Action taken

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:

Compliance with food hygiene and safety procedures	<input type="text"/>
--	----------------------

Compliance with structural requirements	<input type="text"/>
---	----------------------

Confidence in management/control procedures	<input type="text"/>
---	----------------------

Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant HACCP documentation etc.).	<input type="text"/>
--	----------------------

Signature	<input type="text"/>
-----------	----------------------

Name in capitals	<input type="text"/>
------------------	----------------------

Position	<input type="text"/>	Date	<input type="text"/>
----------	----------------------	------	----------------------

Please now return this form to: Kirklees Council Food Safety, Flint Street, Fartown, Huddersfield, HD16LG