

ANNEX A Application for Re-Scoring

Name of Food Business

Address of Food Business

Name of Food Business Operator

Please describe, in as much detail as possible in the spaces below, what significant improvements have been made to any of the three elements of the rating previously awarded. (Details of areas requiring improvement will have been included in the letter sent to you following the last food hygiene inspection).

1. Food Hygiene and Safety Procedures (including Handling Practices and Temperature Control)

2. Structure, Cleanliness, Layout, Condition and Facilities

3. Confidence in Management (including Food Safety Management Systems and History of Compliance)

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Date of Initial Assessment	
Signed	<i>(Registered Food Business Operator)</i>
Print Name	
Date	
Contact Telephone Number	

Office Use Only			
Date Received			
Date of Inspection Confirmed			
Reasons Significant		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Reassessment		Entered on Taskpak	
Officer Responsible		Senior EHO	