

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

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

1	Name:		Trading name:			
	Home address		Business Address			
	Tel. no:		Tel. no:			
	Email:		Tel. 110. Email:			
2	Name of event / Trading location	or map of site:				
	3	'				
	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 \square Purpose built vehicle \square Converted vehicle \square					
	Other (please specify):	•				
	Size of stall/vehicle:					
	Diago provido a photograph:					
	Please provide a photograph:					
5	If selling or providing food or d	rink, the Loca	I Authority the business is registered with:			
			_			
	What food hygiene rating has bee	en awarded to t	the business by the Authority			
	What lood hygiene rating has bee	ii awaraca to	the business by the Authority.			
6	Description of the proposed article	es or foods to l	pe sold:			
7	State full names of all other norse	ne who may a	ssist you in the sale or provision of articles:			
1	State full flames of all other perso	nis wilo iliay a	ssist you in the sale of provision of articles.			
8	Name of person completing this q	uestionnaire:				
	Address:					
	Cignoture		Data			
	Signature:		Date			
	Position in Company:					
Completed forms must be returned to:						
Environment Health, Mid Sussex District Council, Oaklands, Oaklands Road, Haywards Heath, West Susse						
	RH16 1SS. Or email to: foodsafety@midsussex.gov.uk.					

Office	
Use Only	

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 \square No \square		
	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 No		
3	Please indicate which of the following foods you carry either for sale or for use as an ingredient:		
	Milk Poultry Ice cream Cream Salad		
	Fish Shellfish Egg products Raw meat Cooked meat		
	(NOTE: WE MAY VISIT YOUR STALL DURING THE EVENT AND REQUEST A SAMPLE OF YOUR HIGH RISK FOOD FOR MICROBIOLOGICAL TESTING)		
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 No 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?		
	If yes, how do you ensure separation of raw and ready-to-eat foods?		
	in you, now do you oncure coparation of faw and roday to cat loods.		
7	Do you have separate equipment for raw and ready-to-eat food e.g. trays, tongs or scales?		
	Yes No		
8	How do you identify which equipment is for raw and which is for ready-to-eat foods?		
	Thow do you identify which equipment is for raw and which is for ready-to-cat roods:		
9	Please indicate which of the following facilities you intend to provide on site:		
	Refrigerator		
	Oven Grill Microwave Chiller/fridge		
	Other cooking facilities (Please specify):		
10	Do you use a probe thermometer?		
	(NOTE: YOU MUST ENSURE THE PROBE IS CLEANED AND DISINFECTED BEFORE AND AFTER USE)		
11	Do you keep temperature-monitoring records?		
12	Will food be kept bet ofter cooking?		
	Will food be kept hot after cooking? Yes □ No □ If YES, how will food be kept at above 63°C?		
	II 1 LO, How will look be kept at above to O:		

13	Do you provide "TASTE" samples for your customers? Yes \square No \square If YES, how will these be served hygienically to customers?			
14	What arrangements have you made for	or hand washing on the stall?		
	Wash hand basin Soa	ap \Box Hand drying facilities	s 🗆	
	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?			
16	Please indicate the facilities you intend to provide for cleaning equipment: (To be separate from hand washing facilities.)			
	Sink Hot water supply	y to the sink \square		
17	Please specify materials used for clea	aning:		
	Detergent Disinfectant Disinfec	Sanitiser BS EN 1276 ☐		
	(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 TAKE	N DURING THE EVENT FROM STAND PIPE	ES 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 working on your stall or vehicle:	e Training completed by all member	rs of staff that will be	
	Name	Level of Training	Date	

SE	CTION B - HEALTH AND SAFETY QUESTIONNAIRE			
1	ELECTRICAL SAFETY			
	Have all electrical portable appliances in use at your stall/vehicle been tested? Yes \Box No \Box			
	NOTE: IT IS A RECOMMENDATION THAT YOUR EQUIPMENT HAS CURRENT PAT TEST			
2	CERTIFICATE (Inspection certificates should be available for inspection when trading on site) 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 \square No \square			
	NOTE: THIS IS A REQUIREMENT ON STALLS USING DEEP FAT FRYERS)			
3	GAS SAFETY			
	Do you use LPG on your stall or vehicle? Yes \square No \square			
	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 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?			
9	What length of flexible hose is used to connect the LPG to each appliance?			

10	How are the containers restrained whilst in use?		
11	Do you display the following written safety information and warning notices at appropriate locations within your vehicle /unit?		
	General Safety Precautions: Yes \square No \square C	changing Cylinders: Yes \square No \square	
	Action in the event of a gas leak: Yes \Box No \Box In	n case of fire: Yes \square No \square	
12	GENERATORS		
	Do you use a petrol or diesel generator in the course of If Yes, please state the type of generator used:	If your operation? Yes \square No \square	
	if you have answered NO please proceed to questi	ion 15	
13	Where is the generator located? a) While in transit:		
	b) While trading:		
14	How and where is the fuel for the generator stored? a) While in transit:		
	b) While trading:		
	c) Where is the generator re-fuelled while trading?		
15	5 FIRST AID		
	Do you have a First Aid Box for use on your stall or vel	hicle? Yes 🗌 No 🗌	
16	Name of person completing this questionnaire:		
	Address:		
	Signed: Date:	:	
	Position in Company:		

Notes:

- (i) Confidentiality The information provided by applicants in this questionnaire is to be used to assess the suitability of applicants to operate a business at events within Mid Sussex. Information may only be shared between the market/event organiser and departments of the Mid Sussex District Council and will remain confidential.
- (ii) Food Safety Law & Health & Safety Law It is the responsibility of each applicant and business to comply with the requirements of the relevant legislation applicable to their business activities, for example
- (iii) European Union (Withdrawal) Act 2018, Food Safety and Hygiene (England) Regulations 2013, the Food Safety Act 1990, General Food Regulations 2004, EC Regulations No's 178/2002, 852/2004, 853/2004, the Health & Safety at Work etc Act 1974 and regulations made there under.
- (iv) The information contained in this document is not an exhaustive list of food safety and health and safety responsibilities or duties. This document is not intended to represent a comprehensive checklist of the legislation to which it may refer. Accordingly, Mid Sussex District Council accepts no responsibility for any failing or breaches either directly or indirectly connected to your food safety and health and safety obligations.
- "The information given on this form will be used in accordance with the Council's registration under the Data Protection Act 2018".