|  |  |
| --- | --- |
|  | **The Food Hygiene Rating (Wales) Regulations 2013, Schedule 3** |

Form for requesting a re-rating inspection

|  |
| --- |
| **Notes for businesses**   * As the operator of a food business you have a right, under Section 12 of the Food Hygiene Rating (Wales) Act 2013, to request at any time an inspection for the purposes of re-rating, provided that you have paid the reasonable costs of the re-rating in accordance with Section 13 of the Food Hygiene Rating (Wales) Act 2013 (unless the food authority has not required payment of those costs in advance as provided for in section 12(6) of the Act, in which case the costs may be paid after the re-rating inspection has been completed) **and** the following conditions have been met:  1. any appeal against the current food hygiene rating has been determined; 2. you have notified the food authority of improvements made to hygiene standards at the establishment; 3. the food authority considers it reasonable to further inspect and assess the establishment in view of the improvements said to have been made; 4. the current food hygiene rating sticker is displayed at your establishment in accordance with the requirement of Section 7 of the Food Hygiene Rating (Wales) Act 2013 and regulation 9 of the Food Hygiene Rating (Wales) Regulation 2013; 5. you have agreed to ensure that the food authority will be given access to carry out an inspection of the establishment for the purpose of re-rating.  * The local authority officer will give you a 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 use the form below and return it to the food safety officer from your local authority – contact details are provided with the written notification of your food hygiene rating. * The re- rating visit will take place within 3 months of the request being made and will usually be made without prior notification. * Once an application has been received and we have begun processing your submission a fee refund will not be provided. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  | |  | | | | |  | |
|  | Food business operator | | | | |  | |  | | | | |  | |
|  |  | | | | |  | |  | | | | |  | |
|  | Business name | | | | |  | |  | | | | |  | |
|  |  | | | | |  | |  | | | | |  | |
|  | Business addresses | | | | |  | |  | | | | |  | |
|  |  | | | | | |  |  | | | | | |  | |
|  | Business tel no | |  | |  | | | | | | | | |  | |
|  |  | | | | | |  |  | | | | | |  | |
|  | Business email | |  | |  | | | | | | | | |  | |
|  |  | | | | |  | |  | | | | |  | |
|  | Date of inspection |  | |  | | | | |  | Food hygiene rating given |  |  |  | |
|  |  | | | | |  | |  | | | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Contact name (if different to that of food business operator) | | | |  | |  |  |
|  |  | | | |  | |  |  |
|  | Head office address or contact addresses (if different to that of food business operator) | | | |  | |  |  |
|  |  | | |  | |  | |  |
|  | Contact tel no |  |  | | | | |  |
|  |  | | | |  | |  |  |

**Please describe, the improvements that you have made with reference to the issues identified in the inspection letter/report provided to you by your local authority with your food hygiene rating:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Compliance with food hygiene and safety procedures |  |  |  |
|  |  |  |  |  |
|  | Compliance with structural requirements |  |  |  |
|  |  |  |  |  |
|  | Confidence in management/control procedures |  |  |  |
|  |  |  |  |  |

Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant documentation etc.).

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |  | | | | | |  |
|  | Signed | | | |  | |  | | | | | |  |
|  |  | | | |  | |  | | | | | |  |
|  | Name in capitals | | | |  | |  | | | | | |  |
|  | |  | | | |  | |  | | | | |  |
|  | | Position |  |  | | | | |  | Date |  |  |  |
|  | |  | | | |  | |  | | | | |  |

**Please now return this form to your local authority**

**Postal Address:** PO Box 1, CONWY, LL30 9GN **Visit us at:**Coed Pella, Ffordd Conwy, Bae Colwyn. LL29 7AZ

**Email**: foodsafety-healthandsafety@conwy.gov.uk