

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 one request for a re-visit per each planned statutory inspection by the local authority and you can make this 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.
- If the local authority considers that you have provided sufficient evidence that the required improvements have been made, you will then be invoiced for the fee of £128.00. Once the fee has been paid, the local authority will make an unannounced visit within 3 months of the payment date.
- 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 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.

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"/>
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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: Environmental Health, East Staffordshire Borough Council, The Town Hall, King Edward Place, Burton Upon Trent, DE14 2EB