

FOOD HYGIENE RATING



Food Hygiene Rating Scheme: Request for a re-rating inspection

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 under section 4 of the Food Hygiene Rating Act (Northern Ireland) 2016 at any time, provided that you have paid the cost of the re-rating inspection of **£150.00** in accordance with section 4(7) of The Food Hygiene Rating Act (Northern Ireland) 2016 and the following conditions are met:-
 - Any appeal against the current food hygiene rating has been determined or abandoned:
 - You must provide details of the improvements made to hygiene standards with your request, including supporting evidence where appropriate.

If the district council considers that you have provided sufficient evidence that the required improvements have been made.

- The district council 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 re-visit, please use the form below and return it to the food safety officer from your district council – 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.

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 district council 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 return this form to: Ards and North Down Borough Council, 2 Church Street, Newtownards, Co Down, BT23 4AP