



FH20 Approved External Catering Provider - Food Safety & Quality Questionnaire

Please note you are required to fully complete all sections of this questionnaire.

This section is to be completed by the University School or Department requesting the use of external catering.

School or Department making the request:	
Date and time of event when external catering is required:	
Campus and location (i.e) room number, building	
Name and type of event:	
Number of people attending:	
Reasons for the request:	
University contact name, email and extension number:	

The following sections must be completed by the **persons providing the food or product (external caterer)**

Catering company name	
Name of Food Business Operator:	
Food you intend to provide:	
Address and postcode:	
Telephone number:	
Email address:	
Date and time of event:	

Note: The Business described above (the supplier) retains responsibility for food safety & quality irrespective of whether any part of the production is contracted out.

If there is insufficient space to include all details – please attach a list to this questionnaire.

	Y/N	Comments:
A. MANAGEMENT ISSUES:		
1. Name and address of Local Authority registered with		
2. Date of last food hygiene inspection		
3. Score/rating (if applicable) (note – minimum 5* rating required)		
4. Length of time company has operated this type of catering operation		
5. Do you have a food safety policy and has it been communicated to staff? 6. If yes, please provide a copy.		
7. Do you have public liability insurance?		
8. Has the company implemented a documented food safety management systems based on the principles of HACCP? If yes, then this and all verification/monitoring records must be made available at the event. 9. Does the HACCP system cover all food items prepared at this event		
10. Has an external organisation audited your operation? 11. If yes, when was your last audit and who conducted it? 12. Please provide a copy of the audit if available.		
13. Number of food handlers working at the event? 14. Level of food hygiene training these food handlers have received prior to the event – please provide photocopied evidence of training certificates		Level of training Manager/Supervisor: Food Handlers:
15. Do you follow the Food Handler Fitness to Work procedures – i.e. staff must not work if they have food poisoning symptoms, and must be symptom free for at least 48 hours.		

B. FOOD DETAILS		
1. Main types of food to be offered at the event:		
2. Please tick which of the listed products are intended to be used: <ul style="list-style-type: none"> • Milk • Cream • Ice cream • Salads • Egg products • Raw meat/poultry • Cooked meat/poultry • Shellfish • Fish • Home made stocks • Cheese • Cooked rice/pulses/pasta 		Other (please state)
3. Please list the main names and addresses of your suppliers for main food items		
4. Will any food be prepared or stored in a place other than the University (e.g. own premises, home environment). If yes, provide details.		
5. How will you be transporting the food which you intend to serve at the University? Will it be transported in a refrigerated/ frozen vehicle, or in cool boxes?		
6. What measures will be taken to monitor and record the temperatures of high risk food (hot and cold) being stored and displayed for service. (Hot and cold temperatures should be monitored)		
7. How will you communicate any allergens which are present in the food which you are serving?		

8. What procedures do you have in place to prevent cross contamination from allergens?		
9. Please outline where and how you will serve the food at the event.		
C. PRIOR EXPERIENCE		
1. List the two most recent events which the business has provided catering for		1. 2.

Documentation required:

Please provide a copy of the following documents:

- Food safety policy
- Public and Employer Liability Insurance Certificate.
- Evidence of Food Hygiene Rating star score
- Training certificates
- Copy of any external audits/accreditation

An authorised signatory for and on behalf of :			
Name:		Dated:	
Signature:		Position:	

Please return this questionnaire at least 28 working days prior to the event to:

**Head of Catering
University of Wolverhampton
MX Building
Camp Street
Wolverhampton
WV1 1AD**

To be completed by University Personnel only

Received on (date):		
Acknowledged (date):		
Approval given?	YES/NO	If No, please state reasons
Have letters been sent confirming non approval?	YES/NO	
Signed:		
Position:		
Date:		
Review date for supplier approval:		

Checklist for caterers

The following checklist is available for external caterers to ensure they are prepared for events

Business standards	Yes	No
Have you registered your business with your local Environmental Health Department?		
Have you got a copy of your written food safety document available?		
Do all your staff have appropriate level 2 food hygiene certificates within the last 3 years?		
Do you have allergen information written down for <u>all</u> the items you are serving?		
Is your vehicle in good condition, and which ensures food is not exposed to contamination or temperature abuse?		
Food preparation/service		
Have you got enough sinks? Are they supplied with hot and cold water?		
Have you got cleaning materials and cloths?		
Is there somewhere to wash your hands? Are sinks supplied with hot and cold water, soap and paper towels?		
Have you got bins/refuse sacks for rubbish?		
Have you got adequate chilled and frozen food storage at the event?		
Is the equipment capable of keeping food at the correct temperatures? (chilled food must be stored below 5°C, and frozen food below -18°C)		
Are raw and cooked/ready-to-eat foods kept separate?		
Have you got a probe thermometer? Can it be properly cleaned?		
Is food cooked to at least 75°C (and kept hot above 63°C)?		
Do you and staff have washable, clean overalls?		
Do you have a first aid kit?		