

#### CATERERS HEALTH, SAFETY AND ENVIRONMENT EVALUATION AND QUESTIONNAIRE 2022

Bede Events Ltd are required by the Health and Safety At Work Act etc., 1974, Food Hygiene Regulations and associated regulations to comply so far as is reasonably practicable with all applicable legislation. This extends to the employment of catering contractors who also have similar Health and Safety responsibilities.

Therefore, before employing any catering contractor to provide services for Bede Events Ltd the following information will be required. Please answer the questions honestly and to the best of your knowledge. All submitted forms will be reviewed. Please note, an answer NO will not necessarily disqualify you from working on the event.

#### PLEASE PRINT CLEARLY!

#### **CATERERS INFORMATION**

Name and registered address of Organisation

Telephone No.

Email

Contact details for person responsible for planning and consultation (name, phone contact, email)

Contact details for person responsible on site for this event (name, phone contact, email)

Contact details for person who provides you with competent Health and Safety Advice (name, phone contact, email)

No. of employees [including any temporary or agency staff]

Nature of Work/Activity

Member of Trade/Professional Association (Please give details)

National Caterers Association Membership Number

Local Authority incl. Registration Number

### HEALTH AND SAFETY AT WORK DOCUMENTATION

|   | Do you have a published Health and Safety Policy which clearly informs us<br>how you set about managing the requirements of legislation?  | []Yes[]No                               |
|---|---|---|
|   | Do you make available activity risk assessments for your work practices on site (including substances you intend to use)?   | []Yes[]No                               |
|   | Do you intend to sub contract any of the tasks at this event? i.e. alternative types of food server e.g. creperie. If yes, can you provide evidence of a contractor approval process you have undertaken? (Copies of completed documentation must be supplied to the Organiser) | []Yes[]No                               |
|   | Do you provide Health & Safety, and Food Safety Training for your employees and temporary employees?  | []Yes[]No                               |
|   | Do you carry out regular refresher training for your staff to ensure they are up to date with current H&S, Food Safety requirements?  | [ ] Yes [ ] No                          |
|   | Do you provide a nominated supervisory level person to be on site throughout<br>the time you are engaged in your contracted tasks?  | []Yes[]No                               |
|   | Do you have an accident book?   | []Yes[]No                               |
|   | Do you investigate accidents and check safety?  | [] Yes [] No                            |
|   | Have you arrangements for first aid?  | [] Yes [] No                            |
|   | Do you hold PAT certificates for all electrical equipment?  | [] Yes [] No                            |
|   | Do you hold gas safe certificate for all gas appliances and equipment?<br>Have you had any reportable injuries to employees / non employees or dangerous<br>eportable under the RIDDOR regulations in the past 5 years  | []Yes[]No<br>s occurrences<br>[]Yes[]No |
| , |   |   |

Have you been subject of any investigation or enforcement action by any enforcement authority in the last 5 years? [] Yes [] No

If YES, Please provide details

#### ENVIRONMENT

Does your Company have an Environment Policy?[] Yes [] NoIf YES, please provide a copy of your policy[] Yes [] No

### **INSURANCE INFORMATION**

| Insurance held          | Cover limited to | Renewal date |
|-------------------------|------------------|--------------|
| Public and / or Product |                  |              |
| Liability               |                  |              |
| Employers               |                  |              |

# **General Food Safety Questions** The Food Safety Act 1990 The Food Safety (General Food Hygiene) Regulations 1995

## All Catering Facilities – General Requirements

| 1.  | Which Local Authority are you registered with for licensing purpose :  |                          |                      |
|-----|--|--------------------------|----------------------|
| 2.  | Do you use a FSA Safer food better business guide e.g. Better Food Safer<br>Business<br>Have you carried out a Food Safety Risk Assessment?<br>Has the assessment been documented and identifies HACCP's?        | <b>Yes</b><br>Yes<br>Yes | No<br>No<br>No       |
| 3   | If you employ persons under 18 years of age, have you taken steps to<br>ensure you comply with the current legislation for employing young persons.  | Yes                      | No                   |
| 4.  | Has all your staff received appropriate Food Hygiene Training?   | Yes                      | No                   |
| 5.  | Are you regularly monitoring food storage temperatures to ensure food is below 5°C. and or above 63°C.<br>Are you able to demonstrate that reheated food reaches a temperature of at least 70°C                  | Yes<br>Yes               | No<br>No             |
|     | Are you able to demonstrate that meat is cooked to a temperature of 75°C, is probe used/calibrated   | Yes                      | No                   |
| 6.  | Is the Unit / Operation clean?   | Yes                      | No                   |
| 0.  | Can all surfaces, which come into contact with food, be kept clean?  | Yes                      | No                   |
| 7.  | Can the food be protected from contamination at all times?   | Yes                      | No                   |
| 8.  | Do you have enough refrigeration?<br>Is it capable of maintaining food <5°C.   | <b>Yes</b><br>Yes        | <b>No</b><br>No      |
| 9.  | Have you got suitable provision for washing hands?<br>i.e. Hot and cold water, soap and hand drying facilities?  | Yes                      | No                   |
| 10. | Have you got large enough sinks in which to wash food and equipment?<br>Are they supplied with hot and cold water?<br>Have you got detergent and clean cloths?   | Yes<br>Yes<br>Yes        | No<br>No<br>No       |
| 11. | Have you got sufficient clean water containers?<br>Are they clean and suitably lidded?<br>Do you have a suitable facility for storing waste water<br>Are the two types of storage facilities properly identified | Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No |
| 12. | Have you a suitable means of storing non food waste products?  | Yes                      | No                   |
| 13. | Is your name and contact number clearly displayed?   | Yes                      | No                   |
| 14  | Will your unit require regular restocking of food or drinks whilst the show is in progress and the public are in attendance  | Yes                      | No                   |

|    | Please describe below how you intend to carry out this task without placing the public at risk  |   |                                 |                      |  |
|----|---|---|---------------------------------|----------------------|--|
|    | Will you be attendance  | e receiving deliveries to site during the show when the public is in<br>e   | Yes                             | No                   |  |
| 15 | Please inform us of when and how your deliveries will be made and the approximate size of the delivery vehicle. No vehicle movement on site between 0800 and 1730 |   |                                 |                      |  |
|    | Gas<br>uipment  | Are you using Liquefied Petroleum Gas at the event?<br>Have you made adequate secure storage arrangements for LPG<br>to prevent the cylinders falling?<br>Are the gas fittings and the pipe-work satisfactory?<br>Are LPG signs displayed?<br>Do you hold a current GAS SAFE certificate for the equipment  | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No |  |
|    | re Risk<br>vention  | Have you made sufficient arrangements for Fire Safety i.e. Fire<br>extinguishers & Fire Blanket?<br>Have you completed a specific Fire Risk Assessment to comply<br>with The Fire Safety (Scotland) Amendment Regulations 2010  | Yes<br>Yes                      | No<br>No             |  |
|    | ectrical<br>uipment   | If using mobile catering units Will the unit / operation be powered<br>by electricity installed by our on site electrician<br>If not is the supply to the unit adequate for all purposes?<br>Does it have a proper earthing arrangement to allow a 3 core<br>cable use?<br>Has the electrical supply and equipment been recently inspected<br>by a qualified person and a certificate issued? | Yes<br>Yes<br>Yes<br>Yes        | No<br>No<br>No<br>No |  |
|    | cident<br>vention   | If using mobile catering units have you inspected the unit for the presence of trailing leads/pipes and dangerous or poorly sited equipment, which is likely to case injury to employees?   | Yes                             | No                   |  |
|    | ergency<br>sponse   | Do you have equipment, readily available, for dealing with<br>breakages and spillages in the public areas?<br>Are your staff aware of this duty of care relating to the public?   | Yes<br>Yes                      | No<br>No             |  |

Signed.....

Date.....

Name ( Capitals).....

Have you noted that the BEDE Events Ltd will not be responsible for any loss or damage to your equipment unless you have specifically agreed that the event will cover items within its insurance and that you have provided specific details of such items four weeks prior to the event in order that the event may obtain cover?

Further that any claims for damage or loss will only be accepted if such damage / loss has been identified before the removal of said equipment / end of the event and a claim /loss form has been completed and counter signed by the Event Director or Site Manager.

[]Yes[]No

This evaluation and questionnaire complete with enclosures must be returned to BEDE Events Ltd, prior to the commencement of any work under this contract. It must also be signed and dated.

Copies of Health and Safety Guidelines for Contractors are available on the internet. These should be carefully studied and circulated to employees and sub-contractors who may be employed on the premises. Further copies can be obtained on request.

I confirm that ...... (Company) will comply with requirements for health and safety of the BEDE Events Ltd.

Signed ...... Date ......

Please submit copies/details of the following:

| Your Health and Safety Policy  | <u>Enclosed</u><br>[  ] Yes [  ] No |
|--|-------------------------------------|
| Activity Risk Assessments [including any substances you intend to use] | [] Yes [] No                        |
| Gas Safety Certificate   | [] Yes [] No                        |
| Health and Hygiene Certificate (if available)                          | []Yes[]No                           |