



BEDE EVENTS

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

[] Yes [] No

how you set about managing the requirements of legislation?

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? Yes No
(Copies of completed documentation must be supplied to the Organiser)

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 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? Yes No

Have you had any reportable injuries to employees / non employees or dangerous occurrences reportable under the RIDDOR regulations in the past 5 years 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 No
If YES, please provide a copy of your policy

INSURANCE INFORMATION

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

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 Business Have you carried out a Food Safety Risk Assessment? Has the assessment been documented and identifies HACCP's?	Yes Yes Yes	No No No
3	If you employ persons under 18 years of age, have you taken steps to 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. Are you able to demonstrate that reheated food reaches a temperature of at least 70°C Are you able to demonstrate that meat is cooked to a temperature of 75°C , is probe used/calibrated	Yes Yes Yes	No No No
6.	Is the Unit / Operation clean? Can all surfaces, which come into contact with food, be kept clean?	Yes Yes	No No
7.	Can the food be protected from contamination at all times?	Yes	No
8.	Do you have enough refrigeration? Is it capable of maintaining food <5°C.	Yes Yes	No No
9.	Have you got suitable provision for washing hands? i.e. Hot and cold water, soap and hand drying facilities?	Yes	No
10.	<i>Have you got large enough sinks in which to wash food and equipment?</i> Are they supplied with hot and cold water? <i>Have you got detergent and clean cloths?</i>	Yes Yes Yes	No No No
11.	<i>Have you got sufficient clean water containers?</i> Are they clean and suitably lidded? Do you have a suitable facility for storing waste water Are the two types of storage facilities properly identified	Yes Yes Yes Yes	No No No 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 receiving deliveries to site during the show when the public is in attendance	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 Equipment	<i>Are you using Liquefied Petroleum Gas at the event?</i> Have you made adequate secure storage arrangements for LPG to prevent the cylinders falling? Are the gas fittings and the pipe-work satisfactory? Are LPG signs displayed? Do you hold a current GAS SAFE certificate for the equipment	Yes Yes Yes Yes Yes	No No No No No
Fire Risk Prevention	<i>Have you made sufficient arrangements for Fire Safety i.e. Fire extinguishers & Fire Blanket?</i> Have you completed a specific Fire Risk Assessment to comply with The Fire Safety (Scotland) Amendment Regulations 2010	Yes Yes	No No
Electrical Equipment	If using mobile catering units Will the unit / operation be powered by electricity installed by our on site electrician If not is the supply to the unit adequate for all purposes? Does it have a proper earthing arrangement to allow a 3 core cable use? Has the electrical supply and equipment been recently inspected by a qualified person and a certificate issued?	Yes Yes Yes Yes	No No No No
Accident Prevention	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 cause injury to employees?	Yes	No
Emergency Response	Do you have equipment, readily available, for dealing with breakages and spillages in the public areas? Are your staff aware of this duty of care relating to the public?	Yes Yes	No No

I confirm that the Food Business trading as.....

complies with the above Food and Health and Safety checklist.

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 Position Date

Please submit copies/details of the following:

- | | <u>Enclosed</u> |
|--|-----------------|
| Your Health and Safety Policy | [] 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 |