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| Ashfield District Council LogoFood Hygiene Ratings logoFood Hygiene Rating Scheme:  Request for a re-visit |  | Food Standards Agency logo |

## 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 may request a revisit for a re-score at any time following a food hygiene inspection or intervention where the premises is awarded a Food Hygiene Rating Score.
* Ashfield District Council applies a fee of £180.00 per visit to carry out an FHRS re-score, payment can be made over the phone to our Council Offices on (01623) 450000
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* The 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 and make the payment of £180.00 over the phone to our Council offices on (01623 450000) – contact details are provided with the written notification of your food hygiene rating.

## Business details

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| --- | --- |
| Food business operator/proprietor |  |

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| --- | --- |
| Business name |  |

|  |  |
| --- | --- |
| Business addresses |  |

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| --- | --- | --- | --- |
| Business tel. number |  | Business email |  |

## Inspection details

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| --- | --- | --- | --- | --- | --- | --- |
| Date of inspection | | |  | Food hygiene rating given |  | |
| 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 |  | | | | | | | |
| |  |  | | --- | --- | | Compliance with structural requirements |  |  |  |  | | --- | --- | | Confidence in management/control procedures |  | | | | | | | |
| |  |  | | --- | --- | | Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant HACCP documentation etc.). |  | | | | | | | |
|  | | | | |
| Signature | |  | | | | |
|  | | | | | | |
| Name in capitals | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | Date |  |

**Please now return this form to:**

Council Offices, Urban Road, Kirkby-in-Ashfield, Nottingham. NG17 8DA

**Tel:** 01623 450000 **Fax:** 01623 457585

**Email:** food@ashfield.gov.uk