|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Food Hygiene Rating Scheme:  Request for a re-visit |  | |  |  |

## 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 can make multiple requests for a re-visit following a planned statutory inspection by the local authority and you can make this at any time after the statutory inspection provided that you have made the required improvements.
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* If the local authority considers that you have provided sufficient evidence that the required improvements have been made the local authority will make an unannounced visit. This will take place within three months of the request.
* **The fee for a requested revisit is £218.00. Payment must accompany submission of this form. Information on how to pay is at the bottom of the form.**
* The local authority 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. Contact details are provided with the written notification of your food hygiene rating.

## Business details

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

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

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

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

## Inspection details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:** [**EnvironmentalHealth@Cumberland.gov.uk**](mailto:EnvironmentalHealth@Cumberland.gov.uk) **or by post to:**

**Environmental Health, Civic Centre, Rickergate, Carlisle, CA3 8QG**

**How to Pay**

Card payments can be made by calling **0300 373 3730**. Please quote reference number Fund 23/FR **followed by the reference given at the top of your food inspection letter**. Please make cheques payable to Cumberland Council. We no longer accept cash payments.

For paying with cheques, please fill in the details below and submit with the cheque.

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|  |  |
| --- | --- |
| **PAYMENT SLIP** | |
| **FUND 23FR** | |
| **Reference No:** | (Found at the top of your inspection letter) |
| **Amount paid:** | **£218.00** |