

FP2 - FOOD PREMISES Inspection Audit Form (High Risk Premises)



Premises:	Reg. No:
-----------	----------

Officer:	1 st		2 nd		3 rd	
Date:	1 st		2 nd		3 rd	
Flare INU Reference:	1 st		2 nd		3 rd	
Person Interviewed:	1 st		2 nd		3 rd	
Registration Form:	1 st		2 nd		3 rd	

Review of the FH1 for its Accuracy
2 nd Inspection
3 rd Inspection

Areas of Concern from Previous Inspection	Complaints to Investigate
1 st Inspection	1 st Inspection
2 nd Inspection	2 nd Inspection
3 rd Inspection	3 rd Inspection

Staff Management Structure
1 st Inspection
2 nd Inspection
3 rd Inspection

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	-----------------------------	------------------------------

GENERAL STANDARDS

Training, Instruction and Supervision				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Commensurate with work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation food hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refresher training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Certificates seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd

Cleanliness/Repair				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Structure/surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structure/surfaces good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable chemicals available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct use of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				2 nd
				3 rd

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	-----------------------------	------------------------------

Personal Hygiene				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Designated whb available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot + cold water at all whb's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soap at all whb's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hygienic means of drying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implementation of personal hygiene policy as detailed in FH1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Adequate hand washing noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable protective clothing worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				3 rd

Waste Disposal and Storage				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Excess Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internal storage adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External storage adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable Disposal (incl ABP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
				3 rd

Pest Control				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Free from pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
				3 rd

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	-----------------------------	------------------------------

HAZARD ANALYSIS

General				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Hazard analysis completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documented analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequacy of analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Review procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd

Receipt of Goods				Comments/Deficiencies:
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Reputable suppliers used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separation of raw and cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date codes checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Corrective action in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				3 rd

Storage				Comments/Deficiencies:
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Adequate temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separation of raw + cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Protection from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stock rotation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Key:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	--	------------------------------

Preparation				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	
Food removed from temp control as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st
Separate surfaces for raw +cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separate food handlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protected from physical cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Protected from chemical cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surfaces sanitised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use/control of cloths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cooking				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	
High risk foods cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st
Suitable time/temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking checks undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Probe thermometer available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable sanitisation of probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calibration of probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	-----------------------------	------------------------------

Cooling				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Cooling undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling times satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food portioned for quick cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food refrigerated after cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documented records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reheating				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Reheating undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable time/temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				3 rd

Hot Holding				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 st
Hot holding undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable time/temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
------	---	-----------------------------	------------------------------

Chill Display				
Controls and Monitoring			Comments/Deficiencies:	
	1st	2nd	3rd	
Chill display undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st
Suitable time/temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Adequate procedure for leftovers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transportation				
Controls and Monitoring			Comments/Deficiencies:	
	1st	2nd	3rd	
Food transported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st
Suitable time/temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature checks made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Temp checks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUPPLEMENTARY ISSUES

Miscellaneous				
Controls and Monitoring			Comments/Deficiencies:	
	1st	2nd	3rd	
Use of egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st
Eggs stored in fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd
Awareness of allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Imported Food Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSPECTION OUTCOME

Officers Assessment of Hazard Analysis at Time of Inspection			
Assessment <i>(indicate correct statement with a tick)</i>	1 st Inspection	2 nd Inspection	3 rd Inspection
Systematic analysis and full controls			
Systematic analysis with some controls			
Systematic analysis but lack of controls			
Incomplete analysis and full controls			
Incomplete analysis with some controls			
Incomplete analysis but lack of controls			
No Systematic analysis and full controls			
No Systematic analysis with some controls			
No Systematic analysis but lack of controls			

1 st Inspection	
Scope of inspection limited: Y / N	
Health and Safety issues identified: Y / N	
Sampling Required: Y / N	
Action:	Verbal Advice Letter Formal Action
Action Consistent with Enforcement Policy: Y / N	
Hazard Score:	Hazard Rating: A B C1 C2 D E F

2 nd Inspection	
Scope of inspection limited: Y / N	
Health and Safety issues identified: Y / N	
Sampling Required: Y / N	
Action:	Verbal Advice Letter Formal Action
Action Consistent with Enforcement Policy: Y / N	
Hazard Score:	Hazard Rating: A B C1 C2 D E F

3 rd Inspection	
Scope of inspection limited: Y / N	
Health and Safety issues identified: Y / N	
Sampling Required: Y / N	
Action:	Verbal Advice Letter Formal Action
Action Consistent with Enforcement Policy: Y / N	
Hazard Score:	Hazard Rating: A B C1 C2 D E F