

# Food Concessions: Events

The following information must be returned by the event organiser to; Environmental Health, Manchester City Council, 1 Hammerstone Road, Gorton, M18 8EQ at least 10 working days before the date of the event.

 E-mail a.elwood@manchester.gov.uk or Tel: 0161 234 5004.

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| --- | --- |
| Name, Location and date of Event |  |
| Name and Address of Food Business Operator:Contact tel no:E-mail address: |  |
| **Trading name of the unit (actual name on the unit)** |  |
| **Vehicle registration details of the unit if the unit is a mobile.** |  |
| **Local Authority/competent authority the Food Business is Registered with.** |  |
| **FHRS Score given on last inspection and date: (not required if the unit does not normally trade in the UK – in this case – please explain)** |  |
| **Name of person who will be managing food preparation on site:****No. of persons employed:** |  |
| **Type of Structure (van, stall, marquee etc):** |  |
| **Food (list range of foods sold):** |  |
| **Meat/ Chicken/ Rice dishes – is the meat/ chicken/ rice cooked from raw at the event or cooked elsewhere and reheated at the event?****Describe Cooking/ reheating procedure:** |  |
| **Food Handlers Training:****Year certificates obtained:** |  |
| **Describe hand washing facilities:****Describe hot water provision:** |  |
| **Describe facilities for washing equipment:** |  |
| **Temperature Control –** **How will you ensure correct storage, hot holding and cooking temperatures?** |  |
| **Allergen information-****Do you have allergen signage displayed on the Unit?****Do you have allergen information for every dish that you prepare? How do you provide this? As a minimum we would require that the Food Standards Agency allergen matrix is completed.****Have you considered the potential for allergenic ingredient cross contamination in your unit? Please outline.** |  |
| **Documented food safety management system - do you use Safer Food Better Business (SFBB) or Assured Safe Catering?**  **If you are not using a recognised system please describe your system:** |  |
| **Electrical equipment:****How will power be provided?****(PETROL GENERATORS WILL NOT BE PERMITTED)****Are Electrical Safety Certificates available for electrical appliances?** |  |
| **Are Gas Safety Certificates available for gas appliances?****Have staff been adequately trained in storage and use of gas cylinders?****Will leak detection fluid be available?** |  |
| **Has a fire safety risk assessment been completed?** |  |
| **Arrangements for storage and disposal of waste:** |  |
| **Type of ground sheets/boarding to be provided in event of bad weather:** |   |

Signed ………………………………………

Dated…………………………………………