

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



Premises:	Reg. No:
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Officer:	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
Date:	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
Flare INU Reference:	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
Person Interviewed:	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
Registration Form:	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	

Review of the FH1 for its Accuracy
2 <sup>nd</sup> Inspection
3 <sup>rd</sup> Inspection

Areas of Concern from Previous Inspection	Complaints to Investigate
1 <sup>st</sup> Inspection	1 <sup>st</sup> Inspection
2 <sup>nd</sup> Inspection	2 <sup>nd</sup> Inspection
3 <sup>rd</sup> Inspection	3 <sup>rd</sup> Inspection

Staff Management Structure
1 <sup>st</sup> Inspection
2 <sup>nd</sup> Inspection
3 <sup>rd</sup> Inspection

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
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## GENERAL STANDARDS

Training, Instruction and Supervision				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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"/>	
				2 <sup>nd</sup>
Refresher training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				3 <sup>rd</sup>

Cleanliness/Repair				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
				3 <sup>rd</sup>

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
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Personal Hygiene				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>

Waste Disposal and Storage				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
				3 <sup>rd</sup>

Pest Control				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
				3 <sup>rd</sup>

Key:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> n/a
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## HAZARD ANALYSIS

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

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

Storage				Comments/Deficiencies:
Controls and Monitoring				
	1st	2nd	3rd	
Adequate temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup>
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 <sup>nd</sup>
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"/>	3 <sup>rd</sup>
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 checked="" type="checkbox"/> No	<input type="checkbox"/> n/a
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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 <sup>st</sup>
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 <sup>nd</sup>
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"/>	
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup>
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 <sup>st</sup>
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 <sup>nd</sup>
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"/>	
Protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup>
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
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Cooling				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>
Aware of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reheating				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>

Hot Holding				
Controls and Monitoring				Comments/Deficiencies:
	1st	2nd	3rd	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>

Key:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
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<b>Chill Display</b>				
<b>Controls and Monitoring</b>			<b>Comments/Deficiencies:</b>	
	1st	2nd	3rd	
Chill display undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>
Adequate procedure for leftovers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Transportation</b>				
<b>Controls and Monitoring</b>			<b>Comments/Deficiencies:</b>	
	1st	2nd	3rd	
Food transported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup>
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 <sup>nd</sup>
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 <sup>rd</sup>
Corrective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SUPPLEMENTARY ISSUES

<b>Miscellaneous</b>				
<b>Controls and Monitoring</b>			<b>Comments/Deficiencies:</b>	
	1st	2nd	3rd	
Use of egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup>
Eggs stored in fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup>
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 <sup>rd</sup>
	<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 <sup>st</sup> Inspection	2 <sup>nd</sup> Inspection	3 <sup>rd</sup> Inspection
Systematic analysis <b>and</b> full controls			
Systematic analysis <b>with</b> some controls			
Systematic analysis <b>but</b> lack of controls			
Incomplete analysis <b>and</b> full controls			
Incomplete analysis <b>with</b> some controls			
Incomplete analysis <b>but</b> lack of controls			
No Systematic analysis <b>and</b> full controls			
No Systematic analysis <b>with</b> some controls			
No Systematic analysis <b>but</b> lack of controls			

1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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