

CONFIDENTIAL RECRUITMENT QUESTIONNAIRE

Please answer the following questions:-

NAME:-----(Mr, Mrs, Miss, Ms)

ADDRESS:-----

DOB:-----

Job Applied for:-----Location:-----

Please answer **Yes/No** (place a tick in appropriate box)

	YES	NO
1. Do you or have you ever suffered:		
Fits or blackouts since age 5 years?		
Any nervous disorder?		
Typhoid fever?		
Paratyphoid fever?		
Recurring skin trouble affecting your hands, arms or face?		
Recurring ear infections?		
Recurring disabilities affecting your back, neck or limbs, affecting your standing, walking or lifting?		
2. Have you had an illness, injury or operation within the last year causing you to be absent from work or school for 2 weeks or more?		
3. Have you attended hospital as an out-patient, or attended your Doctor for a course of treatment. (tablets, injections or physiotherapy etc) which lasted for more than four weeks?		
4. At present are you suffering from:-		
A discharging ear?		
Boils, styes or any septic skin areas?		
A cough or phlegm?		
Stomach or bowel disorder, eg recurring diarrhoea, colitis, ulcer etc?		
Skin trouble affecting your hands, arms and face?		
Any other condition likely to require treatment or time off work in the next year?		

I declare that the answers to these questions are to the best of my knowledge, accurate. I further acknowledge that failure to disclose information could lead to termination of my employment. I understand that I may be required to see the Occupational Health Adviser at a later date.

Signed _____ Date: _____

Recruiting Manager's signature _____

FOOD HANDLERS' AGREEMENT TO REPORT INFECTION

Employee Name:-----

I understand that I am legally obliged to report any of the conditions below to my employer and not to do so would be an offence under the Food Safety Act 1990 and the Food Safety (General Food Hygiene) Regulations 1995

I agree to report to my Manager/Supervisor

- 1 If I suffer an illness involving:-
 - Vomiting
 - Diarrhoea
 - Skin rash
 - Septic skin lesions (boils, infected cuts etc, however small
 - Discharge of ear, eye, nose or any other site

- 2 After returning to and before commencing work following an illness involving any of the above conditions.

- 3 After returning from a holiday abroad during which I was unwell with vomiting and/or diarrhoea which lasted for more than 2 days.

- 4 If another member of my household is unwell with diarrhoea and/or vomiting lasting over 2 days.

NB – NON REPORTING OR UNTRUTHFUL REPORTING OF ANY OF THE

ABOVE MAY RESULT IN DISCIPLINARY ACTION.

APPENDIX 3

ASSURED SAFE CATERING – DAILY MONITORING SHEET DATE:

STEP 1	Rough Details of Food Delivered	Supplier	Within Temperature Parameters Freezer Min-10°C Max Refrigerated 8°C Max				Date Codes & Condition		Details of Rejects/Returns
			YES	NO	YES	NO	SAT	U/S	
Delivery									Initials

STEP 1 Only very rough details required eg Pies etc – The Meat Pie Co. All failures to meet temperature parameters, out of date food etc should be recorded.

STEP 2	Refrigerators 0 to +5°		Freezers Minus 18 to Minus 30°C		Dry Store		Veg Store		Detail Failures & Action Taken
	SAT	U/S	SAT	U/S	SAT	U/S	SAT	U/S	
Storage									Initials

STEP 2 This would normally be completed by chef or his Assistant. Anything outwith temperature parameters should be noted as unsatisfactory. It is important to detail all failures and action taken whether it be a fridge which is too hot or uncovered containers in the dry store. Store raw and cooked foods separately wherever possible. If not, then remember – cooked foods above raw foods “covered”.

ASSURED SAFE CATERING – DAILY MONITORING SHEET DATE:

STEP 3	Defrosting – Are correct methods being used?				Regular Chef checks on Staff, Equipment and Cleanliness				Chef's Initials	Occasional Management checks on Chef, Staff, Equipment and Cleanliness				Initials
Preparation	Yes		No		SAT		U/S			SAT		U/S		

STEP 3 Very much a subjective assessment. Day to day control is chef's responsibility, but management have overall responsibility.

STEP 4	Temperatures of all High Risk Foods Taken (Core Temperatures)												Action taken in Event of Failure	
Cooking	Min Core Temp 75°C	Breakfast				Lunch				Dinner				
		SAT		U/S		SAT		U/S		SAT		U/S		

STEP 4 Chef or his assistant should complete. The importance of ensuring a sufficient core temperature cannot be over-emphasised.

STEP 5	Ensure Food is cooked as rapidly as possible	Method of Cooling	Chefs Regular Checks					Occasional Management Checks				
Cooling			Initial					Initial				

STEP 5 Different premises may have different methods of cooling. These should be recorded and regular checks made.

ASSURED SAFE CATERING – DAILY MONITORING SHEET DATE:

STEP 6 Hot Holding	All hot food to be kept at 63°C	Breakfast				Lunch				Dinner				Failure to meet temperature – dispose of food
		SAT		U/S		SAT		U/S		SAT		U/S		

STEP 6 It is a statutory requirement that hot food should be kept at 63°C or above. Bain Mariés, hot cabinets etc should be regularly checked by probing food.

STEP 7 Reheating	Minimum Reheat Temperature 82°C	SAT		U/S		Action Taken in event of Failure
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STEP 7 The reheat temperature of 82° is also a statutory requirement and applies to all reheated food.

Step 8 Service	Do not plate/prepare food too far in advance	Cold foods – serve soon after removal from refrigeration	Hot food – serve promptly	Cold display Max 8°C	SAT ()	U/S ()
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STEP 8 This is a general guidance section. The temperature of cold displays should be taken regularly.

FOOD SAFETY CHECKLIST

Unit: Week Commencing:

Completed By:

RECEIPT AND STORAGE	YES/NO DATE	COMMENT/ ACTION	STRUCTURAL MAINTENANCE	YES/NO DATE	COMMENTS/ ACTION
1. Are goods stored correctly on arrival. 2. Is stock rotation satisfactory. No out of date food found 3. Are all food storage areas clean and in good repair. 4. Are the delivery temperatures of chilled foods checked and recorded?			1. Are walls, floors, ceilings, fixtures and fittings in good condition.. 2. Is ventilation working effectively and clean.		
CLEANING			EQUIPMENT MAINTENANCE		
1. Are all cleaning chemicals needed available. 2. Is cleaning equipment available and in good condition. 3. Is cleaning being effective in all areas. 4. Are cleaning chemicals stored separate from food.			1. Is all equipment working effectively and in good repair.		
			PEST CONTROL		
			1. Are all areas free from signs of infestation.		
			WASTE DISPOSAL		
PERSONAL HYGIENE			1. Is refuse disposed of correctly both internal and external.		
1. Are uniforms clean and well maintained. 2. Are staff following all hygiene rules. 3. Are any staff suffering from illnesses. 4. Is the first aid box well stocked e.g. blue plasters 5. Are wash hand basins used only for hand washing and have soap, nailbrush and paper towels.			WELFARE FACILITIES		
			1. Are all staff areas clean and tidy 2. Is staff outdoor clothing stored outwith the food room.		
			OTHER CONTROLS		
			1. Are all training records up to date. 2. Are temperature records complete and filed properly. 3. Are all food samples available. 4. Is the probe thermometer working and accurate.		
OTHER COMMENTS:					

EXAMPLE CLEANING ROTA

DUTIES	10-11	11-12	12-1	1-2	2-3	3-4		COMMENTS
(1)	Clean fridges (weekly- Mon)	Veg. prep. Machine	Spot clean dining room floor	Clean steamer	Clean service counter. Clean cookers	Clean bins Take out rubbish		
(2)	Walls and tiles (Wed)			Dishwash	Clean dining tables	Kitchen floor		
(3)	Pot and pan racks (Fri)			Dishwash	Clean slicer. Clean dishwash area. Fryer (Fri)			
(4)					Transport containers. Clean toilet & staff room.	Clean bin area		
(5)								
(6)								
<u>NOTES:</u>	<u>SPECIAL DUTIES:</u>							

