

OPENING CHECKS

Following this long period of time closed it is critical that you complete the following checks to ensure that all food preparation and food storage areas are safe to handle and store foods.

Task	Date Completed	Signed	Comments
Check that the lights and any mechanical ventilation is working			
Switch on the refrigerators and/or freezers. The temperatures should be checked			
Chilled 5°C			
Frozen -18°C			
Check the condition of the walls, floor and ceiling and report any damage to the manager			
Check all utensils and equipment, report any problems to the manager	FOO	DD SAF	ETY
Clean the all utensils - ideally through the dishwasher or using a two stage clean in the equipment sink			
Clean the walls, floor and ceiling			
Complete a two stage clean on the all work surfaces			



Task	Date Completed	Signed	Comments
Check for any signs of pests, report any issues or proofing work to the manager			
If you employ a pest control contractor, you should request that they complete an inspection prior to opening.			
Check that there is a supply of hot and cold water to the sinks and wash hand basin			
Run the water through the taps, report any problems			
 Check the temperature of the hot and cold water to all outlets Hot water should be distributed at 50°C or higher (thermostatic mixer valves need to be fitted as close as possible to outlets, where a scald risk is identified). Cold water should be stored and distributed below 20°C. Please remember: Hot water storage cylinders (calorifiers) should store water at 60°C or higher 	FO	DD SAF	ETY
Ensure that there is supply of hand towels and soap at ALL wash hand basins			



Task	Date Completed	Signed	Comments
Ensure that there is an adequate supply of cleaning materials and chemicals. Provide detergent and sanitiser/disinfectant. Sanitiser/disinfectant must be BS EN1276 standard or equal too. Ensure that there are suitable waste receptacles			
Check the freezers and dry storerooms. All food must be in date. Dispose of any out of date food. Any food with short dates must be brought to the front and label with 'use first'.			
If you have a bar, ensure he beer lines are cleaned before use.		12	
Contact all staff that are due to work when opening to check that they are all fit and healthy for work. Please note this is not just in reference to COVID 19 symptoms but must also ensure that they have not had any of the following symptom:		JU SAH	_ 1 Y
 diarrhoea and vomiting; stomach pain (that is not period pain); a fever; nausea; infected skin, nose or throat. 			



Task	Date Completed	Signed	Comments
A return to work questionnaire should be completed by all food handlers.			
Staff should read through and sign off the personal hygiene rules before starting work			
Check that your food safety management system is available and up to date			
Check the allergen information is up to date.			
Managers should check that all food handler's food safety and allergen training is up to date			
Before opening staff should read through your food safety management documentation a record of this should be kept.	FOO	2 DD SAF	ETY
Ensure that there is supply of monitoring forms where applicable.			
Ensure that there is a working probe thermometer on site.			
Calibrate the thermometer using boiling water and melting ice. Make a record of this check.			
Is there an adequate supply of probe wipes in the kitchen and are they still in date?			



Personal Hygiene Rules

I will wash and dry my hands with warm soapy water often, and

- always after handling raw meat, poultry eggs or unwashed vegetables.
- after going to the toilet.
- after handling rubbish.
- after cleaning
- after touching my face, especially nose, mouth and ears.
- on entering and re–entering the food room
- after eating, smoking, coughing, sneezing etc.
- before handling any ready to eat foods.

I will turn off the taps using a paper towel.

I will ensure that raw food and ready to eat foods are kept separate at all times

I will wear clean protective clothing at the start of each day, including hair covering (Serving staff are only required to tie long hair back).

I will wear the correct protective clothing relating to my current task.

I will not use or store my mobile phone in the food preparation or service areas. Mobile phones may be used in an emergency.

I will change my clothing if it becomes heavily soiled with raw meat/blood. Outdoor clothing and personal belongings will not be brought into food rooms. I will not wear protective clothing on the way into work.

I will keep my nails short and clean.

I will not wear nail varnish, shellac, gel or acrylic nails.

I will not wear jewellery or watches apart from plain wedding bands and/or sleeper earrings.

I will keep cuts and grazes covered with waterproof plasters and avoid touching spots.

I will not cough or sneeze over food.

I will keep any long hair tied back, and preferably covered.

I will not eat, drink, or chew gum in the retail or preparation areas.

If I am suffering from diarrhoea and/or vomiting, or if I have any infected skin



wounds I will report to the manager. I will also report to the manager any illness I have experience whilst on holiday. I may be asked to leave work until I am well, or I may be given another job that does not involve handling food. If my symptoms last for more than 24 hours I will visit my GP.

I have read and understood the above requirements and I agree to abide by them

Employee Signature: Date:

Employer/ Trading Lead Signature: Date:





Name:

Fitness to work Questionnaire

Part 1 (To be completed by all Food Handlers returning to work)

Date of return:		
Please answer the following questions:		
At present, or in the last seven days, are you suffering from:		
Diarrhoea and/or vomiting	Yes	No
Stomach pain, nausea or fever		
At present, are you suffering from		
Skin infections of the hands, arms or face e.g. boils, styes,		
septic fingers, discharge from eye / ear / gums / mouth		
sopile inigere, disentinge from eye / ear / guine / mouth		
Stomach pain, nausea or fever		
Sterridori parri, riadoca di Tovor		
An open wound or a graze		
Jaundice FOOD SAFET	Y	
Do you suffer from:	_	
A recurring bowel disorder		
Recurring infections of the skin, ear or throat		
Have you ever had typhoid or paratyphoid fever or are you now		
known to be a carrier of Salmonella Typhi or Paratyphi?		
Are you a carrier of any type of Salmonella?		

Please read and sign the following declaration:

have been suffering from typhoid or paratyphoid

I certify that to the best of my knowledge the answers given above are true and

In the last 21 days have you had contact with anyone, who may



complete. I understand that the medical information gained from this questionnaire and any subsequent investigations remain confidential but may be used by my Manager on any adjustments that I may require to enable me to undertake the duties of the job.

Signature (Food Handler)		
Part 2 (To be completed by the Manag	ger)	
return to food handling duties. (Compl any of the questions was yes the pers they have been free of symptoms for a advice states they can return to their of handlers with lesions on exposed skin	tions was 'No' the person may be permitted to lete and sign below). However, if the answer to son should not be allowed to handle food until 48 hours or, if formally excluded, medical duties. Alternatively, in the case of food (hands neck or scalp) that are actively excluded from work until the lesions have	
I confirm that	may resume food handling duties.	
Signature (Manager)	Date	
Part 3 (to be completed by the manag medical advice was received by the er	ger after medical advice has been taken). What imployee? Please tick	
a) Exclusion from work until medical given	clearance is	
b) Move to safe alternative work until given	I clearance is	
c) Return to full food handling duties		
lf (a) or (b) is ticked, appropriate action handler may resume duties immediate	on must be taken. If (c) is ticked, the food ely.	
I confirm thatma	ay resume food handling duties.	
ignature (Manager) Date:		