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| Food Hygiene Ratings logoFood Hygiene Rating Scheme:  Request for a re-visit |  | Food Standards Agency logo |

## Notes for businesses:

* As the food business operator of the establishment you have a right to request a re-visit for the purposes of re-rating if you have taken action to rectify the non-compliances identified at the time of inspection.
* **There is a charge of £151.00 for this re-visit**. There is no limit on the number of requests you can make but the charge will be applicable each time.
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* Once this request form is received and checked by the Food Team manager and the relevant Food Safety Officer, a Food Safety Team representative will make contact with you to take payment.
* The re-visit will be carried out within a maximum of three months following the receipt of your request and payment of the fee.
* Applications will only be accepted and deemed valid once payment has fully cleared.
* The Food Safety Officer will give you a ‘new’ food hygiene rating based on the level of compliance that is found at the time of the re-visit - you should be aware that your rating could go up, down or remain the same.
* To make a request for a revisit, please use the form below and return it using the contact details at the bottom of the form..

## Business details

|  |  |
| --- | --- |
| Food business operator/proprietor |  |

|  |  |
| --- | --- |
| Business name |  |

|  |  |
| --- | --- |
| Business addresses |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Business tel. number |  | Business email |  |

## Inspection details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of inspection | | | |  | Food hygiene rating given |  | |
| Action taken Please describe the remedial action you have taken with reference to the issues identified in the inspection letter/report provided to you by your local authority with your score:   |  |  | | --- | --- | | Compliance with food hygiene and safety procedures |  | | | | | | | | |
| |  |  | | --- | --- | | Compliance with structural requirements |  |  |  |  | | --- | --- | | Confidence in management/control procedures |  | | | | | | | | |
| |  |  | | --- | --- | | Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant HACCP documentation etc.). |  | | | | | | | | |
|  | | | | | |
| Signature | |  | | | | | |
|  | | | | | | | |
| Name in capitals | | |  | | | | |

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| --- | --- | --- | --- |
| Position |  | Date |  |

**Please now return this form to: Brighton and Hove City Council, Food Safety Team, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP (post) or ehl.food@brighton-hove.gov.uk (email)**