

# Appendix 5. Draft Food Premises Assessment Report

## [DRAFT] Food Premises Assessment Report

FPAR V.2, 04/11



Trading name		ABN/ACN	
Person interviewed		Date/time	
Proprietor/company		Phone	
Address		Ref no.	
Food Safety Supervisor		Cert no.	
Email		Inspection type	

General Requirements		Satisfactory <input type="checkbox"/>	Animal and Pests FSS 3.2.2 cl24		Satisfactory <input type="checkbox"/>
1.	<input type="checkbox"/> Food business has notified details to NSW Food Authority <a href="http://www.foodnotify.nsw.gov.au">www.foodnotify.nsw.gov.au</a>	1	28.	<input type="checkbox"/> Live animals not permitted in areas in which food is handled	1
2.	<input type="checkbox"/> Food Safety Supervisor is notified and FSS certificate is on the premises	1	27.	<input type="checkbox"/> Practical pest exclusion measures used (eg screens, doorseals)	1
3.	<input type="checkbox"/> Food handlers have skills and knowledge to handle food safely	1	28.	<input type="checkbox"/> Practical measures to eradicate and prevent harborage of pests used (eg housekeeping, stock rotation, pest controller)	1
4.	<input type="checkbox"/> No sale of good that is damaged, deteriorated or perished; no use of cracked or dirty eggs or food past use by date	4	29.	<input type="checkbox"/> No signs of insect infestation or rodent activity in premises	1 4 8
Food Handling Controls FSS 3.2.2 cl 5-12		Satisfactory <input type="checkbox"/>	Design and Construction FSS 3.2.3		Satisfactory <input type="checkbox"/>
5.	<input type="checkbox"/> Food protected from the possibility of contamination; <i>food receipt, storage, display and transport</i>	4	30.	<input type="checkbox"/> General design and construction of premises appropriate	1
6.	<input type="checkbox"/> Names and addresses are available for manufacturer, supplier or importer of food	1	31.	<input type="checkbox"/> Adequate supply of potable water available	1
7.	<input type="checkbox"/> Potentially hazardous food (PHF) is under temperature control: <i>reception, storage, display and transport; less than 5 degrees, above 60 degrees Celsius. Frozen food is hard frozen</i>	1 4 8	32.	<input type="checkbox"/> Premises has adequate sewerage and waste water disposal system	1
8.	<input type="checkbox"/> Processing of foods; <i>items thawed correctly; processed quickly; no contamination risk.</i>	4	33.	<input type="checkbox"/> Premises has adequate storage facilities for garbage and recyclable matter	1
9.	<input type="checkbox"/> Cooked PHF is cooled rapidly	8	34.	<input type="checkbox"/> Premises has sufficient lighting	1
10.	<input type="checkbox"/> Reheating of PHF is rapid - oven, stove top or microwave but not bain marie	8	35.	<input type="checkbox"/> Floors are able to be effectively cleaned	1
11.	<input type="checkbox"/> Self serve food bar is supervised, has separate utensils and sneeze guard	1	36.	<input type="checkbox"/> Walls and ceilings are sealed and able to be effectively cleaned	1
12.	<input type="checkbox"/> Food wraps and containers will not cause contamination	1	37.	<input type="checkbox"/> Fixtures, fittings and equipment are able to be effectively cleaned and, if necessary, sanitised	1
13.	<input type="checkbox"/> Food for disposal is identified and separated from normal stock	1	38.	<input type="checkbox"/> Adequate ventilation provided within the premises	1
14.	<input type="checkbox"/> Food handlers wash and dry hands thoroughly using hand wash facilities	4	39.	<input type="checkbox"/> Premises has adequate storage facilities (eg chemicals)	1
Health and Hygiene FSS 3.2.2 cl 13-18		Satisfactory <input type="checkbox"/>	Maintenance FSS 3.2.2 cl 21		Satisfactory <input type="checkbox"/>
15.	<input type="checkbox"/> Food handlers avoid unnecessary contact with ready to eat food or food contact surfaces by use of utensils, a gloved hand, food wraps etc	1	40.	<input type="checkbox"/> Premises, fixtures, fittings and equipment in a good state of repair and working order	1
16.	<input type="checkbox"/> Food handlers do not spit or smoke in food handling areas or eat over exposed food or food contact surfaces	4	41.	<input type="checkbox"/> No chipped, broken or cracked eating or drinking utensils observed	1
17.	<input type="checkbox"/> Food handlers have clean clothing, waterproof covering on bandages	1	Labelling FSC Chapter 1		Satisfactory <input type="checkbox"/>
18.	<input type="checkbox"/> Food handlers wash hands before commencing/recommencing work and after: <i>using the toilet, coughing, sneezing, smoking, handling raw meat, cleaning etc</i>	8	42.	<input type="checkbox"/> Food labelling complies with the Food Standards Code	1
19.	<input type="checkbox"/> Food handlers do not handle food if ill (eg vomiting, gastro)	8	Total Points		
20.	<input type="checkbox"/> Hand washing facilities easily accessible and used only for washing of hands, arms and face	1	Food Business Grade		
21.	<input type="checkbox"/> Hand washing facilities have warm running water through single spout, single use towels (or air dryer) and soap	4 8	<input type="checkbox"/> ★★★★★ (0-3 points)		
Cleaning and Sanitising FSS 3.2.2 cl 19-20		Satisfactory <input type="checkbox"/>	<input type="checkbox"/> ★★★★★ (4-8 points)		
22.	<input type="checkbox"/> Premises, fixtures, fittings and equipment maintained to an appropriate standard of cleanliness	1 4 8	<input type="checkbox"/> ★★★ (9-15 points)		
23.	<input type="checkbox"/> Food contact surfaces, eating and drinking utensils in a clean and sanitary condition/appropriate sanitising method in use (eg chemicals or dishwasher)	1 4 8	<input type="checkbox"/> No grade awarded (more than 15 points)		
Miscellaneous FSS 3.2.2 cl 22-23		Satisfactory <input type="checkbox"/>	<b>Checklist items scoring 4 or 8 points have potential to impact directly on food safety and should be addressed as a priority</b>		
24.	<input type="checkbox"/> Accurate temperature measuring device readily accessible (eg digital probe thermometer) Accurate to +/- 1 degree Celcius	1	Further action required		
25.	<input type="checkbox"/> Single use items protected from contamination and not reused (eg drinking straws, disposable utensils)	1	<input type="checkbox"/> Reinspection <input type="checkbox"/> Warning Letter <input type="checkbox"/> Improvement Notice		
			<input type="checkbox"/> Prohibition Order <input type="checkbox"/> Penalty Notice <input type="checkbox"/> Other <input type="checkbox"/> Pending		
			Indicate compliance using <input type="checkbox"/> , non compliance <input type="checkbox"/> , or not observed <input type="checkbox"/>		
			<b>I have read this report and understand the contents.</b>		
			Owner/Employee signature: _____		
			Officer's name: _____		
			Council: _____		
			Officer's signature: _____ Phone: _____		

NB: Assessment report contains findings from date/time of inspection only