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| Food Hygiene Ratings logoFood Hygiene Rating Scheme:Request for a re-visit | City of Bradford Metropolitan District Council. | 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.
* You can make your request for a re-visit at any time after the statutory inspection provided that you have made the required improvements.
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* There is a fee of £265.00 for each revisit request and payment is required before the revisit can be undertaken.
* If the local authority considers that you have provided sufficient evidence that the required improvements have been made, the local authority will make an unannounced visit. This will take place within three months of the request and payment having been received.
* The local authority 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 complete this form and return it to the address at the bottom of the page. **Once your request has been approved you will receive instructions on how to pay the fee.**

## Business details

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

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

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

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

## Inspection details

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: City of Bradford MDC, Food Safety Team, 5th Floor, Britannia House , Broadway, Bradford BD1 1HX or email to** [**eh.admin@bradford.gov.uk**](mailto:eh.admin@bradford.gov.uk)