**COMPASS GROUP UK & IRELAND**

**Ref. MAN 15a THIRD-PARTY USE OF CATERING FACILITIES**

**Part A Temporary Catering Facility Assessment for Third-Party Kitchens**

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| **Name and address of Third Party** |  |
| **Site name and address** |  |
| **Compass business sector** |  |
| **Intended date/s catering facilities to be used** |  |
| **Intended scope of operations**  |  |
| **Area assessed** |  |

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| **Assessor name:** |  | **Signature:**  |  | **Date:** |  |
| **Third Party Representative:**  |  | **Signature:**  |  | **Date:** |  |

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| **Please read the Guidance notes before commencing this assessment:**The purpose of this assessment is to confirm that the premises, plant and equipment, maintenance and welfare arrangements where applicable, provided by the third-party organisation are in satisfactory condition and meet the required level of compliance with food safety and health & safety standards. Where levels of compliance fall below expected standards, agreement must be gained with the Third Party or other responsible parties on remedial actions necessary to ensure, so far as is reasonably practicable, that Compass can operate at the unit without placing the Company, its employees, contractors, visitors or customers at unnecessary risk.* Each Question must be RAG rated **RED, AMBER or GREEN. \*\***Some questions have been highlighted as Critical High Risk and must be rated **BLACK** if there is no evidence of compliance\*\*
* Any question identified as **Yes – Fully Compliant** should be rated as **GREEN**
* Following the criteria in the guidance notes, any question identified as **No – Non-Complaint** should be rated as **RED** with notes in the comments section, or **BLACK** if Critical High Risk
* Following the criteria in the guidance notes, any point identified as **Some Compliance** should be rated as **AMBER** with notes in the comments
* All **RED and AMBER** issues highlighted as a risk must be escalated and an agreement for these to be resolved reached.
* All **BLACK** issues highlighted as a risk must be escalated to the HSE Team who will support with actions to resolve
* All critical high-risk issues, including lack of hot water, pest infestation, and equipment that does not have a valid safety certificate, must be resolved before use of the premises can commence.
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| **Food Safety** | **Yes –****Fully Compliant** | **No****Non-compliant** | **Some compliance** | **N/A** | **RAG Rating** | **Comments** |
| Does the size, design and layout of the food premises provide adequate space and facilities for the intended operation and expected volume of business? |  |  |  |  |  |  |
| ***Guidance: Assess the facility; is there adequate space and facilities to enable food to be produced without risk of cross contamination? If required, is there a separate Raw Food or separate Medical Diets preparation area?***  |
| Is the fabric of the premises maintained in good repair and condition?(walls, floors, doors, windows, insect screens) |  |  |  |  |  |  |
| ***Guidance: The walls should be easily cleanable and free from flaking paint. Check walls and floors for cracked/missing tiles or grouting. Doors and window frames should not have wood exposed. Windows/doors should not be opened unless they have a fly screen fitted to reduce any risk of food contamination.*** |
| Are food premises and equipment clean? |  |  |  |  |  |  |
| ***Guidance: Assess all areas storage, food preparation, cooking equipment, inside and out, ground level and high level. Assess whether a deep clean is required before use.*** |
| Is storage, food preparation, cooking, service and refrigeration equipment in good condition and repair and of sufficient capacity, and the equipment working at the correct temperatures? | X |  |  |  |  |  |
| ***Guidance: Refrigerators should be operating between +1C and +5C. Freezers should be operating at -18C to -23C. Check Fridge/Freezer seals. Check capacity to allow for Raw and RTE products to be stored separately without risk of cross contamination. Check that all cooking equipment, Ovens, combi’s, steamers etc are working correctly. Check that food service equipment holds the food at the correct temperature (hot or cold).*** |

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| **Food Safety** | **Yes****Fully Compliant** | **No****Non-compliant** | **Some compliance** | **N/A** | **RAG Rating** | **Comments** |
| **\*\*CRITICAL HIGH RISK\*\*** Is there an adequate number of wash hand basins, wash up sinks/dishwashing facilities at suitable locations, and an adequate supply of hot & cold running water? |  |  |  |  |  |  |
| ***Guidance: Wash hand basins must have hot and cold running water, bactericidal soap and suitable hand drying facilities (preferably blue roll dispenser). There should be sufficient wash hand basins at entrances to food areas and in locations where high-risk foods are being handled. Check sinks/dishwashing facilities are suitable to allow sufficient cleaning and no risk of contamination.* If there is no Hot Water this should be rated as BLACK and escalated to HSE*.*** |
| Is the drainage system in good working order? |  |  |  |  |  |  |
| ***Guidance: Check that there are no leaks or blockages or any drainage issues.*** |
| Is the mechanical extract ventilation system operating effectively and is there evidence that the ductwork has been cleaned in the last 12 months? |  |  |  |  |  |  |
| ***Guidance: Visually inspect the canopy. Ask for confirmation of the Deep Clean certificate and note in the comments.***  |
| Are suitable toilet and changing facilities available to catering employees and are there facilities to take meal breaks? |  |  |  |  |  |  |
| ***Guidance: Check that suitable facilities are available*** |
| Are internal and external waste storage facilities adequate with arrangements for waste collection? |  |  |  |  |  |  |
| ***Guidance: Suitable, dedicated bins available for all waste streams. Bins are clearly labelled. Waste is correctly separated.*** |

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| **Food Safety** | **Yes****Fully Compliant** | **No****Non-compliant** | **Some compliance** | **N/A** | **RAG Rating** | **Comments** |
| **\*\*CRITICAL HIGH RISK\*\*** Is a pest control program in place and is there any recent history of pest activity? |  |  |  |  |  |  |
| ***Guidance: Check latest Pest Control Records. Visually inspect behind equipment, particularly under dishwashers, in store cupboards etc for any signs of pests. Check that there are working Electric Fly Killers*. If there is evidence of Pest Infestation this must be rated as BLACK and escalated to the HSE Team.** |
| **\*\*CRITICAL HIGH RISK**\*\* Is the premises registered and has it been awarded a 4- or 5-star rating at the latest EHO visit? |  |  |  |  |  |  |
| ***Guidance: Ask for a copy of the last EHO visit report, regardless whether it was a 4\* or 5\* Food Hygiene Rating, any structural actions should have been completed.* If the premises were awarded a 3 or less star rating, this must be rated as BLACK and escalated to the HSE Team.** |
| Is there evidence of a repair and maintenance program for the premises, plant and equipment? Are there any hazards with the location of equipment? |  |  |  |  |  |  |
| ***Guidance: Note the site arrangement for maintenance. Check that there are no potential hazards with the location of equipment ie. steamers stacked which may cause manual handling issues when operating.***  |
| **\*\*CRITICAL HIGH RISK\*\*** Has gas equipment been certified as safe and has gas fired equipment been inspected, by a GAS SAFE REGISTER engineer within the last 12 months? |  |  |  |  |  |  |
| ***Guidance: Ask for confirmation of the Gas Safe certificate and note in the comments.* If the equipment has not been tested in the past 12 months this must be rated as BLACK and escalated to the HSE Team.** |

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| **Food Safety** | **Yes****Fully Compliant** | **No****Non-compliant** | **Some compliance** | **N/A** | **RAG Rating** | **Comments** |
| Is appropriate fire-fighting equipment available and easily accessible. Has it been inspected within the last 12 months?  |  |  |  |  |  |  |
| ***Guidance: Check that all firefighting equipment has been inspected and tested in the last 12 months. If deep-fat fryers are in use a wet chemical fire extinguisher or Ansul system must be supplied.*** |
| Is an arrangement in place for the provision of first aid facilities and is a well-stocked first aid kit available in all kitchens? |  |  |  |  |  |  |
| ***Guidance: Note the site arrangement*** |
| \*\*CRITICAL HIGH RISK\*\* Have all electrical appliances and installations been inspected and safety tested? |  |  |  |  |  |  |
| ***Guidance: Ask for confirmation of the Electrical Safety certificate and note in the comments. Portable electrical appliances should be marked/labelled with their PAT date. Compass directive is PAT testing should take place every 12 months. If there is no valid Electrical Safety certificate this must be rated as BLACK and escalated to the HSE Team*** |
| Have statutory inspections been completed in respect of lifts, hoists, and pressure systems and is an arrangement in place for them to continue to be inspected? |  |  |  |  |  |  |
| ***Guidance: Ask if the Teams use any lifts or hoists on site and request confirmation of a safety certificate. Any Coffee Machines or other equipment with a pressure system should have an annual service inspection, confirmed by a copy of the certificate.*** |
| Are arrangements in place for the third-party organisation’s emergency procedures to be communicated to Compass employees? |  |  |  |  |  |  |
| ***Guidance: Ask for Evacuation Procedures***  |
| **Food Safety** | **Yes****Fully Compliant** | **No****Non-compliant** | **Some compliance** | **N/A** | **RAG Rating** | **Comments** |
| Can the workplace temperature be maintained at a reasonably comfortable level for employees? |  |  |  |  |  |  |
| ***Guidance: Check that there is a means of natural air flow throughout the warm summer months and provision for a comfortable environment in colder months*** |
| Are the levels of lighting adequate for the work activities carried out in the workplace? |  |  |  |  |  |  |
| ***Guidance: Check that all areas have sufficient lighting and that there are no light bulbs/strips that require replacing*** |
| Can employees access all areas of the premises, where they are expected to work, without risk? If there is a risk, have precautions been implemented?(e.g. manual handling, moving vehicles, violence etc) |  |  |  |  |  |  |
| ***Guidance: Consider areas outside the main kitchen such as taking refuse, delivering food to another location. Is suitable equipment available for transporting food?*** |
| Where Compass employees are exposed to specific hazards from the third-party organisation’s activities, are special precautions required? |  |  |  |  |  |  |
| ***Guidance: Do the team need to be provided with Hi-Vis vests for taking refuse across a carpark?***  |

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| Notes and Additional Observations |
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| **Note any existing defects or damage to equipment** |
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**Part B USE OF THIRD-PARTY OF CATERING FACILITIES**

**Site specific health and safety information**

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| **Name of third-party catering facility:** |
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| **Event or reason for use of the facility:** |
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| **Date/s facility used:** |  |
| **Activities carried out:** |
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| **Specific area/s being used:** |
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| **Specific area/s not to be used and access not permitted:** |
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| **First-Aid Facilities:** |
| The first aid box is situated at: |  |
| A trained first aider can be contacted at: |  |
| The nearest Accident and Emergency Unit is situated at: |  |
| To contact the emergency services from this location, you need to dial: |  |

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| **Fire Evacuation Procedures:** |
| The Fire Alarm sounds like: |  |
| The evacuation routes from the facilities are: |  |
| To contact the emergency services from this location, you need to dial: |  |
| The Fire Assembly Point is: |  |
| Fire extinguishers / fire blankets are located: |  |
| Emergency gas and electric shut offs are positioned: |  |
| In the event of a fire and subsequent evacuation, if it is safe to do so, windows and doors should be closed, and gas/electricity supplies shut off. |
| **Removal of Refuse:** |
| The refuse skip / container is located at the following location: |  |
| Specific instructions for broken glass and crockery: |  |
| **Smoking Policy:** |
| The Designated Smoking Area is Located: |  |

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|  | RECORD OF BRIEFING |
| **Site Name:** | **Date of Briefing:**  |
| **Event Name:**  | **Briefing Conducted By:**  |
| By signing below, I confirm that I have been briefed on site specific health and safety information. I understand it is my responsibility to follow instructions, to work safely and only to do work that I have been trained to do or that I am being trained on or supervised whilst doing. I also understand that I can ask my manager or supervisor at any time if I am unsure of what to do.**I also confirm the following;*** that I have not had any symptoms of COVID-19 in the last 10 days
* that I am not currently experiencing any symptoms of COVID-19
* that I no one in my household has experienced any symptoms of COVID-19 in the last 10 days
* that I have not been in close contact with anyone who has been confirmed as having COVID-19

***COVID-19 symptoms include (a new and persistent cough, high temperature, loss of sense of taste or smell)*** |
| **Name** | **Signature** | **Date** |
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