|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OPS01** | **New Unit and Temporary Catering Facility Assessment** | | | | | |
| **Unit Name** |  | | **Compass Business Sector** | |  | |
| **Unit Address** |  | | | | | |
| **Assessment Completed** | Date: | | Completed By: | | | |
| **Compass Representative** | Name: | | Signature: | | | |
| **Client Representative** | Name: | | Signature: | | | |
| **Type of Assessment**  **(Tick as applicable)** | | New Unit |  | Temporary Catering Facility | |  |

|  |
| --- |
| The purpose of this assessment is to confirm that the premises, plant and equipment, maintenance and welfare arrangements where applicable, provided by the Client 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 Client or other responsible parties on remedial actions necessary to ensure, so far as is reasonably practicable, that Compass can operate the contract without placing the Company, its employees, contractors, visitors or customers at unnecessary risk. **Note:** The Assessment must be retained for 6 years. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Safety** | **Yes/No or NA** | **Comments/ Action Required** | **By Whom** | **By When** | **Date Completed** |
| Does the size, design and layout of the food premises provide adequate space and facilities for the intended operation and expected volume of business? |  |  |  |  |  |
| Is the fabric of the premises maintained in good repair and condition?  *(ceilings, walls, floors, doors, windows, insect screens)* |  |  |  |  |  |
| Are food premises and equipment clean?  *(i.e. is a deep clean required prior to commencement of the contract?)* |  |  |  |  |  |
| Is storage and refrigeration equipment in good condition and repair and of sufficient capacity? |  |  |  |  |  |
| Does refrigerated storage and food service equipment (hot and cold) operate at correct temperatures? |  |  |  |  |  |
| Are food preparation, cooking and service equipment in good condition and repair? |  |  |  |  |  |
| Is there an adequate number of wash hand basins and wash up sinks/dishwashing facilities provided at suitable locations? |  |  |  |  |  |
| Is there an adequate supply of hot and cold running water throughout hours of operation? |  |  |  |  |  |
| Is the drainage system in good working order?  *(no evidence of leaks or blockages)* |  |  |  |  |  |
| Is the mechanical extract ventilation system operating effectively and is there evidence that the ductwork has been cleaned in the last 12 months? |  |  |  |  |  |
| Are suitable toilet and changing facilities available to catering employees and are there facilities to take meal breaks? |  |  |  |  |  |
| Are internal and external waste storage facilities adequate with arrangements for waste collection? |  |  |  |  |  |
| Is there an appointed pest control contractor and is there any recent history of pest activity? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health and Safety** | **Yes/No or NA** | **Comments/ Action Required** | **By Whom** | **By When** | **Date Completed** |
| Are the premises maintained in good repair and condition?  *(Ceilings, walls, floors, doors, windows, walkways etc)* |  |  |  |  |  |
| Is an arrangement in place for repair and maintenance of the premises, plant and equipment? |  |  |  |  |  |
| Has gas equipment been certified as safe and is an arrangement in place for annual inspection of gas fired equipment, by a Gas Safe Register engineer? |  |  |  |  |  |
| Is an arrangement in place for the provision and maintenance of firefighting equipment and training in its use? |  |  |  |  |  |
| Is an arrangement in place for the provision of first aid facilities and training of first aiders? |  |  |  |  |  |
| Have all electrical appliances and installations been inspected and safety tested, and is an arrangement in place for them to continue to be inspected and tested by competent persons? |  |  |  |  |  |
| 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? |  |  |  |  |  |
| Are arrangements in place for the Client organisation’s emergency procedures to be communicated to Compass employees? |  |  |  |  |  |
| Can the workplace temperature be maintained at a reasonably comfortable level for employees throughout the year? |  |  |  |  |  |
| Are the levels of lighting adequate for the work activities carried out in the workplace? |  |  |  |  |  |
| Can employees access all areas of the premises where they are expected to work without risk?  *(e.g. manual handling, moving vehicles, violence etc)* |  |  |  |  |  |
| Where Compass employees are exposed to specific hazards from the Client organisation’s activities, have special precautions been taken? |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Observations** | **Comments/ Action Required** | **By Whom** | **By When** | **Date Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |