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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.
* You can request a re-visit at any time after the statutory inspection provided that you have made the required improvements. **There is a charge of £160 per revisit** and no limit on the number of requests you may make.
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* If the local authority considers that you have provided sufficient evidence that the required improvements have been made, an unannounced visit will be made. This will be carried out within three months of the receipt of your request and payment of the fee.
* 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 use the form below and return it to the food safety officer from your local authority – contact details are provided with the written notification of your food hygiene rating.

## 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 | | |  | | | | |

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

**Please return this form together with the fee of £160 (cheques made payable to *Exeter City Council*) to:**

**Environmental Health Services, Exeter City Council, Civic Centre, Paris Street, Exeter EX1 1RQ.**

**Telephone 01392 265193**

**Email** [**environmental.health@exeter.gov.uk**](mailto:environmental.health@exeter.gov.uk)