

## Standardised Form for Catering Environment Data Collection

Name of establishment		Post code	
Local Authority			
EHO responsible for sampling			
Pre-visit Food Hygiene Rating Score	Confidence in management systems	Practices	Structures
0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
New Food Hygiene Rating Score	Confidence in management systems	Practices	Structures
0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Premises type	Hotel <input type="checkbox"/>	Pub <input type="checkbox"/>	Cafe <input type="checkbox"/>
		Take away <input type="checkbox"/>	Other <input type="checkbox"/> Please state
Number of Kitchen Staff		Number of covers	
Number of sinks in the kitchen:		Number of toilets Dedicated to staff:	Type of hand drying: Paper towels <input type="checkbox"/> Air (above) <input type="checkbox"/> Air (blade) <input type="checkbox"/>
Number of washbasins in the kitchen:			
Surface cleaning product in use			
Does cleaning product comply with British Standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Sampling		Surveillance <input type="checkbox"/>	Outbreak investigation <input type="checkbox"/>
Total number of Swabs taken <sup>1</sup>			

Permissions (Catering premises manager/owner to be asked to respond to the following questions)

Do you agree for your restaurant details and data arising from this visit to be passed to the Food Standards Agency (FSA) and third party organisations of their choosing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you happy to be contacted by the FSA or a third party organisation to take part in a further research study "Social Science Insights: Food Handlers and Norovirus Transmission"?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR LABORATORY USE ONLY:			
Date received		Time Received	
Received By		Received From	
Cool box reference		Datalogger reference	
Temperature on receipt		Sample receipt:	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>

**Environmental Samples: Viral (Cotton-tipped, pre-moistened Swab ONLY)** – up to five for routine sampling visit or up to 10 in an incident investigation

UKFSS code / Sample reference	Swab number	Surface sampled	Laboratory Number
	EV1		
	EV2		
	EV3		
	EV4		
	EV5		
	EV6		
	EV7		
	EV8		
	EV9		
	EV10		

**Hand Swabs: Viral Only (Cotton-tipped, pre-moistened Swab ONLY)** – up to five

UKFSS code / Sample reference	Swab number	Hand swab identifier	Attended Food Hygiene Training?	Laboratory Number
	HV1		<input type="checkbox"/>	
	HV2		<input type="checkbox"/>	
	HV3		<input type="checkbox"/>	
	HV4		<input type="checkbox"/>	
	HV5		<input type="checkbox"/>	

**Environmental Samples: Bacteriological (SpongeSicle™ Swab ONLY)** – up to five for routine sampling visit or up to 10 in an incident investigation

UKFSS code / Sample reference	Swab number	Surface sampled	Laboratory Number
	EB1		
	EB2		
	EB3		
	EB4		
	EB5		
	EB6		
	EB7		
	EB8		
	EB9		
	EB10		

Additional Notes: