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# Food Hygiene Rating Scheme: Request for a re-visit

## 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 under section 4 of the Food Hygiene Rating Act (Northern Ireland) 2016 to request at any time, provided that you have paid the cost of the re-rating inspection in accordance with section 4(7) Food Hygiene Rating Act (Northern Ireland) 2016 and the following conditions are met:
1. Any appeal against the current food hygiene rating has been determined or abandoned.
2. You must provide details of the improvements made to hygiene standards with your request, including supporting evidence where appropriate.
3. If the district council considers that you have provided sufficient evidence that the required improvements have been made.
* The district council 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 re-visit, please use the form below and return it to the food safety officer from your district council – contact details are provided with the written notification of your food hygiene rating.
* The re-rating visit will take place within 3 months of the request being made and will usually be made without prior notification.

### Business details

|  |  |
| --- | --- |
| Food business operator/proprietor | Click or tap here to enter text. |
| Business name | Click or tap here to enter text. |
| Business addresses | Click or tap here to enter text. |
| Business tel. number | Click or tap here to enter text. |
| Business email | Click or tap here to enter text. |

### Inspection details

|  |  |
| --- | --- |
| Date of inspection | Click or tap here to enter text. |
| Food hygiene rating given | Click or tap here to enter text. |

### 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 district council with your score:

|  |  |
| --- | --- |
| Compliance with food hygiene and safety procedures | Click or tap here to enter text. |
| Compliance with structural requirements | Click or tap here to enter text. |
| Confidence in management/control procedures | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant HACCP documentation etc.).  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature  | Signature |

|  |  |
| --- | --- |
| Name - in capitals | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

**Please now return this form to your district council.**