

National Food Hygiene Rating Scheme

Request for a re-visit for the purposes of re-scoring form

Notes for businesses

Food business operator:

- As the food business operator of the establishment you have a right to request a re-visit for the purposes of re-scoring if you have taken action to rectify the non-compliances identified at the time of inspection.
- You can make one request for a re-visit per each planned statutory inspection by the local authority and you can make this at any time after the statutory inspection provided that you have made the required improvements.
- 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, and provided that a three month 'stand still' period has passed since the statutory inspection, the local authority will make an unannounced visit. This will take place within three months of the end of the three month 'stand still' period or within three months of the request if this is made after the 'stand still' period (if you were only required to make permanent structural improvements or repairs or to upgrade equipment, the local authority can choose to carry out the requested re-visit sooner than this).
- The local authority officer will give you a 'new' score based on the level of compliance that is found at the time of the re-visit you should be aware that this score could go up, down or remain the same.
- Please use the form below and return it to the address at the bottom of the page.

Business name:		
Business address: (including postcode):		
Business Tel. No:	Business email:	
Date of inspection:	Score given:	
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.).		
Signed:	Name:	
Position:	Date:	
Once completed, places return this form to: Rechford District Council (Equirenmental Health Manager), Council Offices		

Once completed, please return this form to: Rochford District Council (Environmental Health Manager), Council Offices, Environmental Services, South Street, Rochford, Essex SS4 1BW