

**CHECKLIST - (Small to medium food outlets.)**

|                                  |                                  |
|----------------------------------|----------------------------------|
| <b>Application Reference No:</b> | <b>Applicant/Licensee:</b>       |
| <b>Entity Ref No:</b>            | <b>Name of Food Business:</b>    |
| <b>Date &amp; Time:</b>          | <b>Address of Food Business:</b> |
|                                  |                                  |
|                                  |                                  |

|          | <b>General Requirements</b>  | <b>Yes</b> | <b>No</b> |
|----------|--|------------|-----------|
| <b>a</b> | Is the information, details and sketch plan provided by applicant correct?<br><br><b>If no</b> , you are requested to provide: <ul style="list-style-type: none"> <li>○ Correct applicant details</li> <li>○ Correct food business address</li> <li>○ A sketch plan (to scale) of premises indicating proper internal layout</li> </ul>  |            |           |
| <b>b</b> | Are premises in operation?<br><br>Are premises being kept clean and maintained in good repair and condition?<br><br><b>If no</b> , you are in breach of the requirements pertaining to the general food hygiene laws and regulations.<br><br>Hence this application cannot be processed further from our end. The area Environmental Health Officers will be notified accordingly. |            |           |
| <b>c</b> | Is the size of premises adequate and commensurate with the type of food business activity and volume of work?<br><br><b>If no</b> , this application cannot be further processed from our end. Kindly provide other premises suitable for such business or modify the food business activity accordingly.  |            |           |
| <b>d</b> | Does the food business activity involve primary products / products of animal origin?<br><br><b>If all the activity</b> involves primary produce we cannot proceed further with your request. Kindly contact the _____<br><br>If part of activity involves primary produce you <b>are also requested</b> to consult with the _____   |            |           |

**Services:**

| No: | Notes                          |     |    |     | Corrective action:  | Other corrective action: |
|-----|--------------------------------|-----|----|-----|---|--------------------------|
| 1.  | Drainage System                | Yes | No | N/a |   |                          |
|     |                                |     | No |     | <ul style="list-style-type: none"> <li>○ To provide a suitable drainage system according to law.</li> <li>○ To repair/replace existing drainage system.</li> <li>○ To enclose waste water pipes.</li> <li>○ Manual grease trap\intercepting chamber is to be relocated in the open air.</li> <li>○ To maintain/repair floor gutters.</li> </ul> |                          |
| 2.  | Water Supply (approved source) | Yes | No | N/a |   |                          |
|     |                                |     | No |     | <ul style="list-style-type: none"> <li>○ To provide an adequate water supply from an approved source.</li> <li>○ To cover water tanks with suitable lids.</li> </ul>  |                          |
| 3.  | Electricity Supply             | Yes | No | N/a |   |                          |
|     |                                |     | No |     | <ul style="list-style-type: none"> <li>○ To provide electricity supply.</li> </ul>  |                          |

### General Structure:

| No: | Notes                  |     |    |     | Corrective action:  | Other corrective action: |
|-----|------------------------|-----|----|-----|---|--------------------------|
| 4.  | Walls, floors, ceiling | Yes | No | N/a |   |                          |
|     |                        |     | No |     | <ul style="list-style-type: none"> <li>○ To plaster/ lime wash/paint walls/ceiling.</li> </ul>  |                          |
|     |                        |     |    |     | <ul style="list-style-type: none"> <li>○ To replace missing wall/floor tiles.</li> </ul>  |                          |
|     |                        |     |    |     | <ul style="list-style-type: none"> <li>○ To render smooth/ impervious and easy to clean.</li> </ul>   |                          |
| 5.  | Height of Food Rooms   | Yes | No | N/a |   |                          |
|     |                        |     | No |     | <ul style="list-style-type: none"> <li>○ To raise height (minimum height of food rooms from floor to ceiling / false ceiling -8ft (2.4m).<br/><b>*7ft 6" (2.29m) acceptable if approved prior to new legislation -10<sup>th</sup> June 2016.</b></li> </ul> |                          |
| 6.  | Apertures              | Yes | No | N/a |   |                          |
|     |                        |     | No |     | <ul style="list-style-type: none"> <li>○ To provide suitable doors / windows.</li> </ul>  |                          |
|     |                        |     |    |     | <ul style="list-style-type: none"> <li>○ To repair doors/windows.</li> </ul>  |                          |
| No: | Notes                  |     |    |     | Corrective action:  | Other corrective action: |

| 7. | Ventilation/Kitchen hoods | Yes | No | N/a |   |  |
|----|---------------------------|-----|----|-----|---|--|
|    |                           |     | No |     | <ul style="list-style-type: none"> <li>○ To provide adequate ventilation in _____</li> </ul>                                    |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To repair / replace extractor fans in _____</li> </ul>                                 |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To install a suitable Kitchen hood.</li> </ul>   |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To provide suitable and effective grease filters.</li> </ul>                           |  |
| 8. | Lighting                  | Yes | No | N/a |   |  |
|    |                           |     | No |     | <ul style="list-style-type: none"> <li>○ To provide adequate lighting.</li> </ul>   |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To provide proper shielding.</li> </ul>  |  |
| 9. | Sanitary Facilities       | Yes | No | N/a |   |  |
|    |                           |     | No |     | <ul style="list-style-type: none"> <li>○ To provide suitable sanitary facilities.</li> </ul>                                    |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To install\replace WC\urinal.</li> </ul>   |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To provide a well ventilated ante-room.</li> </ul>                                     |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To provide a well ventilated toilet room.</li> </ul>                                   |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To install a wash-hand basin.</li> </ul>   |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ To install doors in toilet and/or anteroom.</li> </ul>                                 |  |
|    |                           |     |    |     | <ul style="list-style-type: none"> <li>○ Not to use ante-room as a passage-way for the transportation of foodstuffs.</li> </ul> |  |

**Food Storage:**

| No: | Notes                         |     |    |     | Corrective action:  | Other corrective action: |
|-----|-------------------------------|-----|----|-----|---|--------------------------|
| 10. | Food Storage                  | Yes | No | N/a |   |                          |
|     |                               |     | No |     | ○ To provide suitable and adequate food storage rooms\facilities. |                          |
|     |                               |     |    |     | ○ To remove unnecessary items not pertaining to the trade.        |                          |
| 11. | Food Counters                 | Yes | No | N/a |   |                          |
|     |                               |     | No |     | ○ To replace/repair.  |                          |
|     |                               |     |    |     | ○ To provide suitable and adequate food counters.                 |                          |
|     |                               |     |    |     | ○ To provide hot/cold holding food counters.                      |                          |
|     |                               |     |    |     | ○ To provide suitable temperature gauges where applicable.        |                          |
| 12. | Refrigeration                 | Yes | No | n/a |   |                          |
|     |                               |     | No |     | ○ To provide suitable and adequate cold storage facilities.       |                          |
|     |                               |     |    |     | ○ To provide temperature control.                                 |                          |
|     |                               |     |    |     | ○ To replace door seals.  |                          |
|     |                               |     |    |     | ○ To replace/repair.  |                          |
| 13. | Segregation- Non-food Section | Yes | No | n/a |   |                          |
|     |                               |     | No |     | ○ To segregate food from non-food items.                          |                          |

**Washing Facilities:**

| No: | Notes            | Yes | No | N/a | Corrective action:   | Other corrective action: |
|-----|------------------|-----|----|-----|--|--------------------------|
| 14. | Wash-hand basins |     |    |     |  |                          |
|     |                  |     | No |     | <ul style="list-style-type: none"> <li>○ To provide easily accessible wash-hand basin with an adequate supply of water at a suitably controlled temperature, hand washing and hand drying facilities in _____</li> </ul> |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To render wash-hand basin in _____ easily accessible.</li> </ul>  |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To repair/replace water taps in _____</li> </ul>  |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To replace/repair basin in _____</li> </ul>   |                          |
| 15. | Sinks            |     |    |     |  |                          |
|     |                  |     | No |     | <ul style="list-style-type: none"> <li>○ To provide a sink with an adequate supply of hot and cold water exclusively for the washing of equipment.</li> </ul>  |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To provide a sink with an adequate supply of hot and cold water exclusively for the washing of food.</li> </ul>   |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To repair/replace water taps in _____</li> </ul>  |                          |
|     |                  |     |    |     | <ul style="list-style-type: none"> <li>○ To replace/repair sink in _____</li> </ul>  |                          |

**Wall signage:**

| No: | Notes      | Yes | No | N/a | Corrective action:   | Other corrective action: |
|-----|------------|-----|----|-----|--|--------------------------|
| 16. | Wall Signs |     |    |     |  |                          |
|     |            |     | No |     | <ul style="list-style-type: none"> <li>○ To affix <b>No Smoking</b> sign.</li> </ul>   |                          |
|     |            |     |    |     | <ul style="list-style-type: none"> <li>○ To affix <b>wash your hands</b> sign on wash-hand basins.</li> </ul>                                    |                          |
|     |            |     |    |     | <ul style="list-style-type: none"> <li>○ To affix a wall sign to indicate that foods may contain allergens (<b>Allergen Warning</b>).</li> </ul> |                          |

**Waste disposal / Pest Control:**

| No: | Notes        | Yes | No | N/a | Corrective action:   | Other corrective action: |
|-----|--------------|-----|----|-----|--|--------------------------|
| 17. | Pest Control |     |    |     |  |                          |
|     |              |     | No |     | <ul style="list-style-type: none"> <li>○ To provide adequate pest control measures.</li> </ul>     |                          |
|     |              |     |    |     | <ul style="list-style-type: none"> <li>○ To provide insect screens in _____</li> </ul>             |                          |
|     |              |     |    |     | <ul style="list-style-type: none"> <li>○ To provide insectocutor in _____</li> </ul>               |                          |
|     |              |     |    |     | <ul style="list-style-type: none"> <li>○ To repair insect screens/insectocutor in _____</li> </ul> |                          |

| No: | Notes            |     |    |     | Corrective action:   | Other corrective action: |
|-----|------------------|-----|----|-----|--|--------------------------|
| 18. | Garbage Disposal | Yes | No | N/a |  |                          |
|     |                  |     | No |     | <ul style="list-style-type: none"> <li>○ To provide a suitable garbage area for the hygienic and environmentally friendly disposal of refuse.</li> <li>○ To provide suitable and sufficient refuse bins with lid.</li> <li>○ To provide an enclosed container designated for the disposal of animal by-products.</li> <li>○ To label container accordingly.</li> </ul> |                          |

**Mobile Kiosks \ hawkers:**

| No: | Notes               |     |    |     | Corrective action:  | Other corrective action: |
|-----|---------------------|-----|----|-----|---|--------------------------|
| 19. | Mobile kiosk/hawker | Yes | No | N/a |   |                          |
|     |                     |     | No |     | <ul style="list-style-type: none"> <li>○ To provide vehicle registration number.</li> <li>○ To provide a suitable septic tank.</li> </ul> |                          |



**20. Catering capacity information:**

|                              |  |
|------------------------------|--|
| • Existing number of covers: |  |
| • Proposed number of covers: |  |
| • Kitchen dimensions:        |  |

|  | OTHER REMARKS |   |  |
|--|---------------|---|--|
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |
|  |               | ○ |  |

***Important Information: Applicable only if location has pending works.***

Following your request to obtain a Health Certification for your food business premises, please note that your location **cannot be approved** since it does not satisfy all criteria indicated in the relevant laws and regulations, namely:

- The Food Safety Act No: XIV of 2002.
- The Hygiene of Food Regulations, 2002 (L.N. 264/2002) as amended.
- Regulation EC No: 852/2004 on the Hygiene of Foodstuffs.
- Regulation EC No: 178/2002.

You may wish to note the points indicated in the attached checklist and consult with the Environmental Health Officer assigned to visit your premises.

When you have carried out all the necessary works, it is your responsibility to contact the Environmental Health Officer so that you will request an appointment for a final visit. During this visit the Environmental Health Officer will certify whether your food premises satisfy all criteria listed above. Following this, you will be contacted by the Environmental Health Practitioner so as to collect the official Health Certificate issued by the Directorate for Environmental Health.

**N. B. The applicant and / or representative must be on site at time of inspection. In the event that the officer is unable to gain entry and / or conduct the inspection, the inspection result will be considered as unsuccessful.**

**It is the responsibility of the applicant to contact the Health Certification and Consultation Unit on Tel No: 21337333 to re-schedule the appointment. The Environmental Health Directorate provides two onsite inspections. Requests for extra-visits incur a fee of EUR 25.60 as per L.N.134/2004.**

***Disclaimer: This document does not indicate that above-mentioned premises are approved by the Environmental Health Directorate but is only a provisional indication of the pending works observed by the Environmental Health Officer during the date and time of inspection.***

***The Environmental Health Directorate is not liable for any compensation should any legal disputes regarding ownership / payments arise between applicant and owner of the above food business premises.***

I the undersigned hereby declare that I have fully understood all the information contained in this document and agree to rectify all the above mentioned pending works. I also declare that all the information given to the Environmental Health Officer is accurate, complete and not misleading.

**Signature of Applicant and /or Operator/ Name & Surname in Block Letters & ID. Card No:**

**Phone Number:**

**E-mail:**

**Signature of Environmental Health Officer / Name & Surname in Block Letters & Registration Number.**

**Phone Number:**

**E-mail :**

**Data Protection Statement:** All Data collected is processed in accordance with legal provisions and the Data Protection Act 2001. Personal data is not disclosed to third parties if not required by law or by other EU Regulations/obligations.