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| Logo Cyngor Castell-nedd Port Talbot  **Logo Sgor Hylendid Bwyd** | **The Food Hygiene Rating (Wales)**  **Regulations 2013, Schedule 2** |

Form for making an appeal

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| **Notes for businesses**   * As the operator of a food business you have a right, under Section 5 of the Food Hygiene Rating (Wales) Act 2013, to appeal the food hygiene rating given to the establishment if:  1. you do not agree that the rating properly reflects the hygiene standards found at the establishment at the time of the inspection, 2. you believe that the rating criteria were not applied correctly when producing your food hygiene rating.  * **You have 21 days (including weekends and bank holidays) from the date of receipt of the notification letter to lodge an appeal.** * Please complete the form below and return it to your local authority – contact details are provided with the written notification of your food hygiene rating. Your appeal will be determined by an authorised officer and the outcome of your appeal will be communicated to you within 21 days from the date the appeal was received. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  | | |  | | | | |  |
|  | Food business operator | | | | |  | | |  | | | | |  |
|  |  | | | | |  | | |  | | | | |  |
|  | Business name | | | | |  | | |  | | | | |  |
|  |  | | | | |  | | |  | | | | |  |
|  | Business addresses | | | | |  | | |  | | | | |  |
|  |  | | |  | | |  | | | | | | |  |
|  | Business tel no |  |  | | | | | | | | | | |  |
|  |  | | |  | | |  | | | | | | |  |
|  | Business email |  |  | | | | | | | | | | |  |
|  |  | | | |  | | |  | | | | | |  |
|  | Date of inspection |  |  | | | | | | |  | Food hygiene rating given |  |  |  |
|  |  | | | |  | | |  | | | | | |  |
|  | Date notified of rating | | | | |  | | |  | | | | |  |
|  |  | | | | |  | | |  | | | | |  |
|  | Name of Inspecting Officer | | | | |  | | |  | | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Contact name (if different to that of food business operator) | | | |  | |  |  |
|  |  | | | |  | |  |  |
|  | Head office address or contact addresses (if different to that of food business operator) | | | |  | |  |  |
|  |  | | |  | |  | |  |
|  | Contact tel no |  |  | | | | |  |
|  |  | | | |  | |  |  |

I do not agree with the food hygiene rating given by the food safety officer because:

I believe that the rating criteria were not applied correctly, or,

I do not agree that the rating properly reflects the hygiene standards found at the time of the inspection.

(please explain under each of the three headings):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Compliance with food hygiene and safety procedures |  |  |  |
|  |  |  |  |  |
|  | Compliance with structural requirements |  |  |  |
|  |  |  |  |  |
|  | Confidence in management/control procedures |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | Signed | | | |  | |  | | | | | |  |
|  |  | | | |  | |  | | | | | |  |
|  | Name in capitals | | | |  | |  | | | | | |  |
|  | |  | | | |  | |  | | | | |  |
|  | | Position |  |  | | | | |  | Date |  |  |  |
|  | |  | | | |  | |  | | | | |  |

**Please now return to: Neath & Port Talbot County Borough Council**

**Environmental Health**

**Neath Civic Centre**

**SA11 3QZ**

**01639 685678/9**