

Risk Assessment Questionnaire



Date completed _____

Section 1 - Supplier information

Company Name: _____

Address: _____

Contact: _____ Position: _____

Telephone: _____ Email: _____

Emergency Out of Hours Contact Name and Number:

Is this site of manufacture? Y/N

If No, give address _____

Is the Manufacturing site within the Home or a Purpose Built Unit/Factory? Y/N

Is this site of bottling/packing? Y/N

If No, give address _____

Section 2 - Product Details

Product Range (e.g. ready meals, biscuits, desserts, soft drinks, condiments, etc.)

Name of product(s) for Waitrose: _____

Brief description of products supplied: _____

Date of Proposed Supply to Waitrose: _____

Section 3 – Company Information

Number of employees: _____ Date company established: _____

Existing customers supplied (include local businesses and retailers)

Annual turnover: _____

Ownership details (e.g. Private): _____

Membership of Local & Regional Food Group, e.g. Taste Of Anglia?

Give details _____

Any other relevant information: _____

Section 4 – Risk Assessment Details

1. Product Risk

- a) Is the Product Ready To Eat? **Y/N**
- b) Does Product requires refrigeration and /or coded 'use by', e.g. Raw Meat, Meat Products, Fish, Dairy, Chilled Meals, Chilled Juices, etc.? **Y/N**

2. Processing Type

Does the manufacturing process involve any of the following:-

- a) Heat Treatment, e.g. pasteurisation or aseptic packaging of low-acid food? **Y/N**
- b) Is there any special packaging or process affecting Safety? **Y/N**

Give details _____

3. Management Qualifications

Does the manager responsible on a day to day basis for food safety, legality and quality of the product, hold a food science or technology qualification?

(e.g. RIPHH, IEHO, etc.)

Name of manager: _____

If Yes, indicate qualification _____

4. HACCP System

Is there a documented HACCP (Hazard Analysis Critical Control Point)? **Y/N**

Date written or last reviewed _____

Name of Person who wrote the HACCP _____

Has this person attended a recognised course in HACCP or do they hold a formal examined qualification in HACCP systems? **Y/N**

Give detail _____

Attach a copy of your HACCP summary with CCP's.

5. Additional Quality Assurance Details:

a) Do you metal detect the product? **Y/N**

b) Do you handle glass on site? **Y/N**

c) Do you have documented glass audits and breakage procedures **Y/N**

d) Do you have documented specifications and Certificates of Conformance from your raw material suppliers? **Y/N**

e) Do you have documented specifications from your packaging suppliers? **Y/N**

f) Do you have raw and finished product segregation? **Y/N**

g) Do you have medical screening for all members of staff? **Y/N**

h) Have all members of staff undergone Hygiene Training? **Y/N**

i) Do you provide laundered clothing for Staff? **Y/N**

j) Do you have a recognised Pest Control Contact (e.g. BPCA, NPC)? **Y/N**

- k) What was the date of the last Pest Control Documented inspection?

6. Microbiology & Chemistry Testing Facilities

- a) Is there a formal testing plan, including routine Micro testing? **Y/N**
- b) Are all claims on packaging verified by Analysis? **Y/N**
- c) Is the laboratory on site or external? _____
- d) Give any laboratory accreditation details if appropriate.

- e) Has shelf life testing included Organoleptic and Micro results at end of life? **Y/N**

7. Traceability Information

- a) Do you have a documented Traceability System, i.e. trace back your ingredients from your product use by/ best before code? **Y/N**
- b) Can you identify packaging and ingredient batch codes? **Y/N**
- c) Can you identify customer details for each use by/best before code? **Y/N**

Attach an example of a traceability record.

8. Temperature Control

Detail any temperature controls for ingredients, process or finished products.

9. Branding

- a) Will the product be sold unwrapped on service counter? **Y/N**
- b) Is the product 'exclusive to' or 'selected by' Waitrose or John Lewis? **Y/N**
- c) Will the product carry a manufacturer's name and address? **Y/N**
- d) What area/region is the product to be sold in? _____

10. Information and inspections

- a) State the Local Authority Name _____
- b) What is the date of the most recent inspection? _____
- c) Enclose copy of last visit report or SFBB/Scores on the doors certificate.
- d) Are you Registered with Salsa? **Y/ N**
Date of Registration _____
- e) Are you Certified by Salsa? **Y/ N**
Date of Certification _____
- f) Any other technical or food safety audits, e.g. BRC Global Food Standard, IFS, ISO 2000, etc.
Give details _____
- g) If Organic, give name of Certification Body and date of last inspection

- h) Do you carry out Documented Internal Audits? **Y/N**

11. Labelling

- a) Do you have documentation to support the verification of your label for legality, e.g. by an independent third party such as your local Trading Standards office? **Y/N**
- b) Do you have any claims on Pack (Health/Nutrition, etc.)

12. Additional Information for Products containing Meat / Fish / Poultry:

- a) Do you rear the meat ? **Y/N**
- b) If not, where is the meat reared? _____
- c) Where is the meat component slaughtered? _____
- d) What is the Health Mark/EEC code for the slaughterhouse? _____
- e) Are you certified to any recognised Animal Welfare Schemes, i.e. Farm Assurance, RSPCA etc.? _____