# FOOD BUSINESS REGISTRATION FORM





(Regulation (EC) No 852/2004 on the Hygiene of Foodstuffs, Article 6 (2))

Dear Childminder,

## Food Safety Act 1990 Food Hygiene (Scotland) Regulations 2006

I am writing to you because we have been made aware that you are operating as a childminder at this address. If you are providing food for the children you are minding you might be considered to be a "food business".

You may be aware that Midlothian Council Environmental Health team inspect food premises on a regular basis. However, we do not visit premises where the risks involving food are very low. To find out if your childminding business is also a food business I would be grateful if you could read the notes below

### What to do

Please read the information on the form. All Childminders are required to complete Section A of the form. If you believe your food activities are limited to those on the list in Section B then all you need to do is sign the declaration at the bottom of Section B and return it to us. We may use your details to contact you with information about matters of food safety. If your business changes in the future so that you are providing more food you need to let us know.

If you provide more food than that stated in Section B then fill out Section C. Sign the declaration at the bottom of this Section and return this to us. We will use the information provided by you to register your premises as a food business. We may then come to inspect your business. You will be contacted by one of our officers who will arrange an appointment with you.

#### Please return your form to

#### **Environmental Health**

Midlothian Council Fairfield House 8 Lothian Road Dalkeith EH22 3ZH

Thank you for your assistance with this matter. If you have any questions, please contact us on tel. 0131 271 3559 or by email foodandsafety@midlothian.gov.uk

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### **INSTRUCTIONS FOR COMPLETION OF THE FORM**

- 1. Read all of the form first. Then complete SECTION A.
- 2. Consider if your food activities are limited to those included in **SECTION B**. If they are please sign below SECTION B and return the form in the envelope provided
- 3 If your food activities are more extensive than those in SECTION B please complete **SECTION C**.

sign below Section C and return the form to our offices.						
SECTION A						
Name of the food business operator (owner)						
Address of the food business	Post Code					
<u>_</u>		<u>'</u>	001 0000			
SECTION B						
<ul> <li>a. Provision of mains drinking water</li> <li>b. Provision of crockery and cutlery for use by children to eat there own packed lunches.</li> <li>c. Provision of chilled storage for packed lunches that belong to the children</li> <li>d. Occasional assistance to children with cutting up their own food in response to individual need rather than as an established service.</li> <li>e. Occasional provision of food that is not part of the normal service (e.g. A cake to celebrate a child's birthday or provision of food where a parent/guardian has been delayed).</li> <li>f. Operating in the child's own home and serving food that belongs to the child's parent/guardian e.g. Nannies and home child carers.</li> </ul>						
I confirm that the food related activities carried out by my childminding business are restricted to those in Section B  Signature of owner						
SECTION C TO BE COMPLETED BY CH	HILDMINDE	RS WITH MORE E	XTENSIVE FOOD ACT	VITIES		
Contact Telephone Number						
E-mail address (if applicable)				1		
How many children do you look after?	Averag per day		Maximum at one time			
What is the age range of the children you childmind?		-				
Which type of water supply do you have?	MAINS		PRIVAT	<u>E</u>		
Do you provide drinks and snacks only?		YES NO				
Additional information	T	\/=0				
Do you prepare or provide meals?		YES		NO		
Have you received food hygiene training	. 11	YES		NO		
Please tick any of the following foods you either prepare or provide						
Formula Milk		Any oth	ner foods? (please list)			
Sandwiches						
Dairy Products						
Salads						
Cooked Meats						
Raw Meat/Poultry						

Signature of the food business operator (owner)	.Date
Name (Block Capitals)	

Eggs