

CERTIFICATE OF FIRE EXTINGUISHER TRAINING

This is to certify that

Francisco Manuel Espadiha Pedro
Melanie Johnstone

Have successfully completed the requirements for:

- **General fire safety training**
- **Use of fire extinguishers and what types should be used for different fire circumstances.**

On the: 19TH of: March in the Year: 2021

At: For Foods Sake Mobile Food Van

Russell Stapleton
Director
Phoenix Fire Alarms Ltd

BUSINESS DETAILS							
Ref: <i>18/00274/CP</i>			Type of Business: <i>Mobile</i>				
Food Business Operator/Proprietor: <i>Melanie Johnson</i>							
Trading Name: <i>FOR FOOD SALES</i>							
Address: <i>13 Dayton Drive Darnley Industrial Estate DA8 2LE</i>							
Tel. No: <i>077884 11912</i>		Mobile No:					
E-mail:							
Visit Date: <i>16/05/21</i>		Start time: <i>2.00pm</i>		Finish time:			
Visit Type		Type of intervention:		Legislation			
<input checked="" type="checkbox"/> Food Hygiene <input checked="" type="checkbox"/> Food Standards <input type="checkbox"/> Health & Safety		<input checked="" type="checkbox"/> Audit/ Inspection/ Partial <input type="checkbox"/> Verification & Surveillance <input type="checkbox"/> Advice & Education <input type="checkbox"/> Revisit <input type="checkbox"/> Sampling <input type="checkbox"/> Information & Intel. <input type="checkbox"/> Complaint Investigation		<input checked="" type="checkbox"/> Food Safety and Hygiene (England) Regulations 2013 <input checked="" type="checkbox"/> Reg. (EC) No. 852/2004 on the hygiene of foodstuffs <input checked="" type="checkbox"/> Food Safety Act 1990 <input checked="" type="checkbox"/> European Communities Act 1972 <input checked="" type="checkbox"/> Food Information Regulations 2014 <input checked="" type="checkbox"/> Health and Safety at Work etc Act 1974			
Areas audited/inspected / Visit focus: <i>Throughout</i>							
Person(s) seen during visit: <i>Melanie Johnson, Partner</i>			Records / Documents examined: <i>Safer food Better Business Temperature Records, Certificates</i>				
Formal Sample(s) taken <input type="checkbox"/>		Informal sample(s) taken <input type="checkbox"/>		Photographs taken <input type="checkbox"/>			
FHRS assessment							
Food Hygiene and Safety procedures		0	5	10	15	20	25
Structural		0	5	10	15	20	25
Confidence in management/control procedures		0	5	10	-	20	30
National Food Hygiene Rating Score							
Combined score		0-15	20	25-30	35-40	45-50	>50
Additional scoring factor – (no score >)		5	10	10	15	20	30
Rating		5	4	3	2	1	0
Descriptor		Very Good	Good	Generally Satisfactory	Improvement Necessary	Major Improvement Necessary	Urgent Improvement Necessary
Summary of action to be taken by the Local Authority							
<input checked="" type="checkbox"/> No further action <input type="checkbox"/> This report details action that must be taken to comply with the statutory requirements listed on the attached <input type="checkbox"/> A report will be forwarded detailing statutory requirements that are required to comply with legislation this will be sent within 10 working days. <input type="checkbox"/> You will be notified of the sample results <input type="checkbox"/> A revisit will be made to ensure compliance				<input type="checkbox"/> Further legal enforcement action is being considered - you will be notified in writing <input type="checkbox"/> Hygiene Improvement Notice(s) <input type="checkbox"/> Emergency Closure of food business <input type="checkbox"/> Voluntary Closure of food business <input type="checkbox"/> Consideration of prosecution <input type="checkbox"/> FHRS sticker left <input type="checkbox"/> 'Unhappy with your food hygiene rating' leaflet left <input type="checkbox"/> Other ...			
Comments: <i>Carried out programmed inspection Very good systems and procedures, very good structure clean tidy and well maintained.</i>							
IMPORTANT – This report only covers the areas inspected at the time of inspection; the absence of comment does not indicate compliance. This is not a formal notice requiring works to be carried out.							
Name of Officer: <i>GORDON IRVINE</i> EHO / SFSO Tel: 020 3045 <i>5639</i>			Signature: <i>[Signature]</i>				
Report received by: <i>Melanie Johnson</i> Position in business: <i>Proprietor</i>			Signature: <i>[Signature]</i>				



CERTIFICATE OF ACHIEVEMENT

High Speed Training certifies that

Melanie Johnstone

has completed

Level 3 Supervising Food Safety in Catering

A high quality, interactive training course that ensures managers and supervisors meet the UK/EU standards for food hygiene and safety.

www.highspeedtraining.co.uk

Certificate Number: 2938-1181101-1217790
To verify this certificate visit www.highspeedtraining.co.uk/verify



A handwritten signature in black ink, appearing to read "G. Fowler", is written over the text "Gary Fowler on behalf of High Speed Training".

Gary Fowler on behalf of High Speed Training



CERTIFICATE OF ACHIEVEMENT

High Speed Training certifies that

Melanie Johnstone

has completed

Level 2 Food Hygiene and Safety for Catering

A high quality, interactive training course that ensures food handlers meet the UK/EU standards for Food Hygiene and Safety.

www.highspeedtraining.co.uk

Certificate Number: 2943-1150564-1186607
To verify this certificate visit www.highspeedtraining.co.uk/verify



A handwritten signature in black ink, appearing to read "G. Fowler", is written over the bottom right portion of the certificate.

Gary Fowler on behalf of High Speed Training



CERTIFICATE OF ACHIEVEMENT

High Speed Training certifies that

Francisco Pedro

has completed

Level 2 Food Hygiene and Safety for Catering

A high quality, interactive training course that ensures food handlers meet the UK/EU standards for Food Hygiene and Safety.

www.highspeedtraining.co.uk

Issued by High Speed Training on : 05-11-2018
Recommended Renewal Date : 04-11-2021

Certificate Number: 2855-1419338-1466486
To verify this certificate visit www.highspeedtraining.co.uk/verify



A handwritten signature in black ink, appearing to read 'G. Fowler'.

Gary Fowler on behalf of High Speed Training

Centre of scale
1 of 2
(JB5473)

Serial No
JB5472



TECHNIGAS MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD



Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

This Safety Record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Gas safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 637585

Registered Engineer's Name PAUL BAKER

Gas Safe Register Licence Number 4657289

Business TECHNIGAS

Address THE HEATH, CHALDON CATERHAM

Postcode CR3 5DJ

Contact No 01883 410936

Vehicle/Trailer Details

Vehicle or Trailer (please check relevant box)

Chassis/Serial Number _____

or

Reg Number Y 578 UOE

Trading Title FOR FOOD SALES

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) _____

Address 1 MIDHURST HILL
BEXLEY HEATH

Postcode DAG 7NP

Contact No _____

Record Issued by Signature: PAW

Print Name: PAUL BAKER

Received By Signature: [Signature]

Date: 18/4/2021

	Appliance Type	Manufacturer	Model	Type of flue	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1	Fryer	Lincoln	DF4	FL	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Water heater	Marco	61b	OF	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	Teabaker	Perry	16	FL	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	Griddle	Reduit	UK	FL	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

	Visual condition of flue and termination <input checked="" type="checkbox"/>	Flue operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? Yes No

Is the gas installation gas tight? Yes No

LPG Regulator operating pressure 38 mbar

LPG Regulator lock-up pressure 44 mbar

General safety

Is there a fire extinguisher(s) provided? Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.

Remedial Action Taken

ATTENTION

Next safety check due by:
4/22

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Cent 2 of 2
(JB5473)

Serial No
JB5473



TECHNIGAS MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD



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or

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Trading Title FOR FOOD SALES

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) _____

Address 1 Mulhurst Hill Boxley Heath

Postcode DA6 7NP

Contact No _____

Record Issued by: PAUL BAKER

Signature: _____

Print Name: PAUL BAKER

Received By: [Signature]

Signature: _____

Date: 18/4/2021

Appliance Type	Manufacturer	Model	Type of flue	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1 Pie Warmer	Parry	AGPCI	FL	36 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 Pie Warmer	Parry	AGPCI	FL	35 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	/	/	/	/ mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	/	/	/	/ mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Visual condition of flue and termination <input checked="" type="checkbox"/>	Flue operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? Yes No

Is the gas installation gas tight? Yes No

LPG Regulator operating pressure 32 mbar

LPG Regulator lock-up pressure 44 mbar

General safety

Is there a fire extinguisher(s) provided? Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.

Remedial Action Taken

ATTENTION

Next safety check due by:

4/22

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Covid Risk Assessment
Company name – For Food Sakes
Date completed – 20/5/21 by Mel Johnstone

No	Hazard	People at risk	Existing control measure	Risk Rating
	Contracting or spreading virus by not washing hands or not washing them adequately	Staff Customers	Hot water, soap, paper towels always available. Training given to staff on how to wash hands correctly Separate hand sanitiser bottles provided for staff and customers to use. Gloves will be worn by staff whilst handling any food items	LOW
	Contracting the virus by not cleaning surfaces and equipment	Staff Customers	Regular wiping and sanitising of work surfaces Regular washing of equipment	LOW
	Contracting the virus by not maintaining social distancing	Staff Customers	Follow guidelines on social distancing Signage to emphasise the need to social distance One way system in place Markers to show social distance Staff to monitor and ensure social distancing is being adhered to.	LOW