

# REGULATORY SERVICES INTERVENTION REPORT

Sheet 1 of 1



Legislation covered: Food Safety and Hygiene (England) Regulations 2013   
 Food Safety Act 1990 (as amended)  Health & Safety at Work etc. Act 1974   
 Food Information Regulations 2014  Other legislation

Reason for Visit: Proactive  Reactive  Advisory/Project  Sample Taken (detailed below)  Revisit

Name of Establishment: ACCENT CATERING Business Type: .....

Address: DRAYTON MANOR SCHOOL (HIGH) .....

Food Business Operator Name: ACCENT CATERING SERVICES LTD .....

Registered Address: ELIZABETH HURSE, 56-60 LONDON ROAD, STAINES TW18 4HF .....

Email: drayton Manor@accentcatering.co.uk .....

Tel: 01784 824 690 (H. OFFICE) Mobile: 070 354 1905 .....

Business days & hours: TERM TIME - M. FRIDAY .....

Areas Checked: KITCHEN + ASSOCIATED AREAS (FRONT COUNTER) .....

Documents Checked: HACCP, TRAINING, MONITORING, HALAL CERTIFICATION, ALLERGEN POLICY, SPEC BOOKS .....

(L = Legal Requirement + Timescale and R = Recommendation)  
 (Food Only: CIM=Confidence in Management, FH=Food Hygiene & Safety Practices, S=Structure; FS=Food Standards;  
 H&S: Health & Safety)

**Intervention Summary:** this was a food hygiene inspection  
 L CIM ENSURE DAILY MONITORING CHECKS AND KEPT UP TO DATE - FULLY RECORDED (SOME CHECKS MISSING)  
 L CM NEW TEAM TO SIGN / AUTHORISE YUM HACCP + PUT INTO PART 28 PART 70 HACCP PROCESS.  
 L S ENSURE DIO SAMPLED, HAD CORRECT CONTACT NUM FOR OSEON BOTTLE.

Action Proposed: ACTION DONE + maintain - will be checked on future inspections

Food Hygiene Rating Scheme (if applicable)	SCORE						Your Food Hygiene Rating is:
	Good				Poor		
Compliance with food safety procedures	0	5	10	15	20	25	S
Compliance with structural requirements	0	5	10	15	20	25	
Confidence in management / control procedures	0	5	10		20	30	

Officer Name: ALISON HOPLBY Signature: A. Hopley Designation: EHO

Officer E-mail: Hopley.A@ealing.gov.uk

Date & Time: 15/12/22 ..... am/pm Telephone No: 020 8825 6666 (TEAM)

As the person seen at the visit, I have taken note and understand all aspects of work discussed with the Inspecting Officer OR I have received this form and I will ensure this inspection report form is passed to the Manager.

Name: DAVID BROOKS Signature: [Signature] Job Title: HEAD CHEF

Note: This report describes those matters requiring attention. The report only covers the areas inspected at the time of the visit. If you have any queries regarding this report or you do not agree with your food hygiene rating, please contact the officer named above in the first instance. If it is not resolved then please contact 020 8825 6666 and ask for the Food Safety Team Leader.