ENVIRONMENTAL HEALTH SURVEY OF FOOD PREMISES

SUMMARY

In April 1990 a national Food Premises Condition Survey was organised by the Audit Commission in cooperation with the Institution of Environmental Health Officers. The survey covered over 5,000 premises which were inspected by Environmental Health Officers (EHOs) in nearly 300 local authorities in England and Wales. The premises were selected on a random basis to produce a sample which was representative of regions, classes of authority, and types of food premises.

The same survey form was used in each case, and guidance given to ensure consistency of approach. Nonetheless it is recognised that EHO judgements are bound to vary from place to place.

The results of the survey suggest that, according to EHOs, almost 1 in 8 food premises in England and Wales presents a significant or imminent health risk; one third of these should be prosecuted or closed down.

Different types of premises present different health risks. Almost 1 in 5 (19%) take-aways are judged by environmental health professionals to be a significant health risk. In contrast, fewer than 1 in 20 (4.7%) educational establishments are a significant risk. Large metropolitan areas have significantly more high-risk premises than the rest of the country.

Almost 46% of the food premises visited had not been inspected within the last year, (and a quarter of these had not been visited within the last three years). A further 5% had never been visited. The factors most commonly assessed as high health risks were ineffective monitoring of temperatures, poor staff hygiene awareness, cross contamination resulting from poor practices, inadequate hand washing facilities, and lack of management hygiene awareness.
INTRODUCTION

1 Systems of food preparation and retailing have changed markedly since the second world war. Previously the majority of food was produced in the region of consumption by relatively small businesses and retailed through local shops. Now, a much smaller number of very large food product manufacturers operate on a national scale and retail through grocery conglomerates. In addition, the extent and variety of businesses providing cooked meals either for consumption on the premises or to take away has burgeoned.

2 In parallel with these changes in production and distribution there is growing consumer awareness of food hygiene and safety risks. In its most acute form, this is manifest in public alarm about salmonella and listeria. With more grocery production in the hands of fewer producers and increasing consumption of meals prepared outside the home, the potential for food hygiene failures to affect large sections of the public has grown.

3 Currently before Parliament is the Food Safety Bill which contains provisions for:
— revised offences and stiffer penalties;
— stronger powers for enforcement agencies (including emergency prohibition orders and improvement notices);
— ministerial powers to issue codes of practice and to direct compliance with them;
— regulations to be issued requiring registration and/or licensing of food businesses and processes;
— powers to implement relevant EC legislation including the directive on the official control of foodstuffs (89/397/EEC).

4 A major component of public protection on food is in the hands of local government. Environmental Health Officers enforce current food hygiene legislation and will be expected to implement substantial elements of the new legislation.

5 Alongside these proposals for legislative change, the Audit Commission is undertaking a study of the functions of environmental health services in local government. The study is examining the efficiency, effectiveness and economy of such services, and considering the impact of current and proposed statutory regulations.

6 At an early stage in the study the Commission recognised that there was no comprehensive national picture of the condition of food premises and related health risks. To fill this gap the Commission, in association with the Institution of Environmental Health Officers (IEHO), organised a survey of food premises in England and Wales concentrating on the assessment of health risk. The methodology of the survey is set out in Appendix A. The Commission will draw on the findings in making its recommendations in the full report of the study. The purpose of this paper is to make the findings of the survey available to a wider audience at an early stage. The results provide a benchmark against which local authorities can assess the scale of the problem in their own area.

THE SURVEY

7 The survey was carried out by EHOs in local authorities in England and Wales, as far as possible following the normal practice of EHO work. EHOs made an assessment of health risk of the premises overall, as well as in terms of a number of factors under three general headings: training and hygiene awareness, equipment, and practices. The questionnaire used is reproduced at Appendix B.

8 The survey covered over 5,000 premises split roughly equally into 10 types. The sample sizes were chosen to be sufficiently large to enable valid conclusions to be drawn within each type. Aggregated conclusions for all premises have been based on data weighted by the actual numbers of each type (Table 1). Premises such as off-licences and sweet shops, although large in number, are generally regarded as low risk and were not included in the survey.

9 Over two-thirds (71%) of relevant authorities (ie London boroughs, metropolitan districts, and shire districts) agreed to participate (Table 2). These authorities are spread throughout the country and together they cover 76% of the population of England and Wales. This excellent response ensures that valid conclusions can be drawn from the data collected.

10 The Commission wishes to acknowledge the considerable help and cooperation it has received from IEHO, local authorities, and individual EHOs at the participating authorities. The response is particularly good at a time when Environmental
Table 1

<table>
<thead>
<tr>
<th>Premises type</th>
<th>Estimated Number</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotels and guest houses</td>
<td>35,000</td>
<td>517</td>
</tr>
<tr>
<td>Restaurants, cafes, and canteens</td>
<td>59,000</td>
<td>578</td>
</tr>
<tr>
<td>Pubs, clubs, and bars with food</td>
<td>76,000</td>
<td>587</td>
</tr>
<tr>
<td>Supermarkets, grocers, etc</td>
<td>63,000</td>
<td>585</td>
</tr>
<tr>
<td>Open food retailers eg butchers</td>
<td>51,000</td>
<td>523</td>
</tr>
<tr>
<td>Food manufacturers</td>
<td>14,000</td>
<td>460</td>
</tr>
<tr>
<td>Take-aways</td>
<td>24,000</td>
<td>510</td>
</tr>
<tr>
<td>Hospitals</td>
<td>3,000</td>
<td>453</td>
</tr>
<tr>
<td>Educational establishments</td>
<td>25,000</td>
<td>464</td>
</tr>
<tr>
<td>Residential homes</td>
<td>16,000</td>
<td>489</td>
</tr>
<tr>
<td>TOTAL</td>
<td>366,000</td>
<td>5,166</td>
</tr>
</tbody>
</table>

Source: IEHO Annual Report 1987-88 and Audit Commission estimates

*Note: The total sample size was 5,250, of which 84 premises could not easily be classified

Table 2

<table>
<thead>
<tr>
<th>Authority type</th>
<th>Number of participating authorities</th>
<th>Total possible number</th>
<th>Participation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner London boroughs (and City of London)</td>
<td>9</td>
<td>13</td>
<td>69%</td>
</tr>
<tr>
<td>Outer London boroughs</td>
<td>17</td>
<td>20</td>
<td>85%</td>
</tr>
<tr>
<td>Metropolitan districts</td>
<td>30</td>
<td>36</td>
<td>83%</td>
</tr>
<tr>
<td>Large non-metropolitan cities*</td>
<td>9</td>
<td>11</td>
<td>82%</td>
</tr>
<tr>
<td>Other shire districts</td>
<td>222</td>
<td>323</td>
<td>69%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>287</td>
<td>403</td>
<td>71%</td>
</tr>
</tbody>
</table>

*Note: Bristol, Cardiff, Derby, Hull, Leicester, Nottingham, Plymouth, Portsmouth, Southampton, Stoke-on-Trent and Swansea

Health departments are under considerable pressure as a result of increasing public concern about food and other environmental issues, together with a reported national shortage of professionally qualified staff.

11 Each of the premises visited was evaluated in terms of the health risk exhibited, on the following scale:

Negligible – premises where the health risk presents little or no danger to the public, (even though improvements in food handling might be possible);

Minor – where some small risk to health is evident; the necessary improvements are generally straightforward and non-urgent;

Significant – where the health risk is such as to cause serious concern, and prompt action is necessary;

Imminent – where the risk to health is severe and immediate, for example contaminated food: urgent action is required.

12 For the purposes of this paper the first two categories are together defined as "low risk", and the last two as "high risk". The local interpretation of these categories was in the hands of professionally qualified EHOs. Some element of subjectivity is inevitable, and some EHOs may be more severe than others in their judgement. But analysis of the component criteria suggests that there is consistency in the way in which particular failings are associated with the overall risk rating.

FINDINGS

13 Overall, around 12% of food premises were considered by EHOs to present a high health risk. A small proportion (fewer than 1 in 100 overall) were in the "imminent" category. Another 42% are a minor risk while 46% present a negligible risk.

14 The risk is not, however, evenly spread across types of premises. The proportion of high risk premises within each type ranges from below 5% for educational establishments to nearly 19% for take-aways which, together with restaurants and food manufacturers, have the highest risk (Exhibit 1 see overleaf). The high risk in food manufacturers is of particular concern given that a failure in food hygiene at a food manufacturer could have widespread consequences.

15 In the rest of this section a number of detailed findings are considered, in particular the impact of individual factors on overall risk. These are: geographical area, physical condition, hygiene factors, age of food businesses, the size of businesses in terms of the number of food handlers employed, length of time since last inspection, previous action taken by EHOs, and the adequacy of food hygiene training.
Exhibit 1
HIGH RISK FOOD PREMISES
Take-aways, food manufacturers and restaurants are worst affected

*Note: Butchers, bakers etc.

GEOGRAPHICAL AREA

16 The survey shows that there is a statistically significant difference in the proportion of premises with a high risk between large urban areas and the rest of the country. In London boroughs, metropolitan districts, and the 11 large non-metropolitan cities nearly 15% of premises were judged to be high risk, compared with 10% for the other shire districts (Table 3).

PHYSICAL CONDITION

17 Although physical condition of premises does not necessarily cause a health risk, the survey has established a link between the two (Exhibit 2). The worse the condition, the higher the health risk.

HYGIENE FACTORS

18 In addition to giving an overall rating, EHOs made an assessment of the health risk arising from 22 different factors. (The full list is shown in the questionnaire at Appendix B). The five factors recorded most frequently as a high risk were:

19 Looking only at those premises with an overall high risk, there are five factors which individually have been assessed as high risk at over half the premises:

(i) effective monitoring of temperature
(ii) staff hygiene awareness
(iii) cross contamination from practices
(iv) hand washing facilities
(v) management hygiene awareness

16% of all premises
13%
12%
12%
11%

67% of high risk premises
64%
60%
56%
52%

20 Several of these factors are connected with food hygiene training. This is a specific area which is covered by the Food Safety Bill and which is considered in greater detail below.

Table 3
DISTRIBUTION OF RISK BY TYPE OF AUTHORITY

<table>
<thead>
<tr>
<th></th>
<th>High %</th>
<th>Minor %</th>
<th>Negligible %</th>
<th>Number of inspections</th>
<th>Population (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>London boroughs, metropolitan districts, and large non-metropolitan cities</td>
<td>15</td>
<td>43</td>
<td>42</td>
<td>1,627</td>
<td>20.7</td>
</tr>
<tr>
<td>Other shire districts</td>
<td>10</td>
<td>40</td>
<td>50</td>
<td>3,623</td>
<td>29.9</td>
</tr>
<tr>
<td>OVERALL*</td>
<td>12</td>
<td>42</td>
<td>46</td>
<td>5,250</td>
<td>50.6</td>
</tr>
</tbody>
</table>

*Note: The overall figures have been weighted by the actual number of premises of each type in England and Wales.
Exhibit 3

**AGE OF BUSINESS AND HIGH RISK**

The link between age of business and high risk is weak.

**Table 4**

**SIZE OF BUSINESS**

<table>
<thead>
<tr>
<th>Type of Premises</th>
<th>Average Number of Food Handlers</th>
<th>Lower Quartile</th>
<th>Upper Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food manufacturers</td>
<td>48.8</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Hospitals</td>
<td>27.1</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Supermarkets, grocers, etc</td>
<td>22.3</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Hotels and guest houses</td>
<td>8.9</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Restaurants, cafes, and canteens</td>
<td>6.4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Educational establishments</td>
<td>6.0</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Take-aways</td>
<td>5.7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Pubs, clubs, and bars with food</td>
<td>5.4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Residential homes</td>
<td>4.8</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Open food retailers e.g. butchers</td>
<td>4.1</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note: For some types of premises (e.g., food manufacturers) the average is inflated by a few very large businesses. The upper and lower quartiles provide an indication of the range of size.*

Exhibit 4

**SIZE AND RISK**

There is no clear link between the number of food handlers and risk.

**SIZE AND RISK**

23 The size of the business, in terms of the number of food handlers employed, was also recorded. Food premises are generally small. 80% have 10 or fewer food handlers, one quarter of these have only 1 or 2. However, the average number of food handlers varies considerably with the type of premises. The range is from just over 4 at open food retailers to nearly 50 at food manufacturers (Table 4).

24 But there is no clear link between the number of food handlers and the overall risk (Exhibit 4). The categories with the highest average number of staff are hospitals and manufacturers. These two types have, however, very different proportions of high health risk. At the other end of the scale the average numbers of staff at take-aways and educational establishments are also similar, but they have the highest and lowest proportions of high risk.

**INSPECTION RECORD**

25 Although premises were randomly selected without reference to previous inspections by EHOs, the date of the last inspection was recorded. Almost 46% of the premises in the survey had not been inspected during the previous year; of these, one quarter (i.e., 12% of the total) had last been inspected over
three years ago. Almost 5% of the total had never been inspected (although just under a third of these were less than one year old) (Exhibit 5).

26 Overall risk increases as the time since last inspection increases: premises visited more than three years ago were 50% more likely to represent a high risk to health than those visited in the last year. This is generally true for all types of premises, although the relationship is not necessarily uniform (Exhibit 6). Because of the different patterns of past inspection, some of the categories shown in the exhibit are small and so the figures need to be interpreted with some caution.

27 The average time since the last inspection for each type shows a range of 40 weeks (for hospitals) to 100 weeks (for educational establishments). To some extent hospitals are atypical: with the removal of Crown Immunity in 1987 they are more likely to have been visited recently. Excluding also educational establishments and food manufacturers, the remaining seven types of premises show a variation of only 10 weeks in the average time since the last inspection. This despite a range in the proportions with high risk from 6% (for residential homes) to nearly 19% (fortake-aways) (Exhibit 7).

28 However, there does seem to be a crude relationship between the proportion with high risk and the period since last inspection, suggesting that to some extent inspections are prioritised by the degree of risk associated with types of premises.

ACTION TAKEN BY EHOS

29 Though the aim of the survey was to assess health risk, EHOS rightly regarded survey inspections as 'live', and reported the steps they proposed to take in each case.

30 There are a number of different actions which EHOS take to try to improve the state of food premises, generally by ensuring adherence to food regulations and promoting good practice:

- **closure** – when the EHO seeks to close the premises because of the serious hazard which the premises represent;
- **prosecution** – in cases where there have I been (generally serious) contraventions of the statutory regulations, but where immediate closure is not necessary;
- **written advice** – this can range from an aide-memoire of suggestions for minor changes to a notification of improvements required by the EHO. Failure to implement these would lead the EHO to take more serious action;
- **oral advice** – when there are usually no serious problems but the EHO offers some advice on making minor improvements;
Exhibit 7
AVERAGE TIME SINCE LAST INSPECTION
Generally, high risk types of premises have been inspected more recently

<table>
<thead>
<tr>
<th>Average time since last inspection (wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
</tr>
<tr>
<td>100</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

% of type with high risk

- Educational Establishments
- Public
- Take-aways
- Hotels
- Restaurants
- Supermarkets
- Food Manufacturers
- Residential Homes
- Hospitals

Exhibit 8
ACTION PROPOSED
29% of businesses with high risk face prosecution

Note: Sometimes EHOs propose to take more than one type of action at a particular premises. Only the most significant action has been included.

31 EHOs' actions as a result of their assessments of the food premises surveyed vary considerably. In general the greater the risk to health, the more serious the action proposed. For significant and imminent risk cases, 4% were considered to be suitable for closure and 29% for prosecution. Even for those premises assessed as having a low risk, EHOs have generally proposed some action, often written or oral advice (Exhibit 8). In 220 cases it is proposed to make a hygiene award.

32 Where premises had been visited before, EHOs recorded the previous action taken. This has been compared with the action now proposed. Of those prosecuted last time, approximately one third are to be prosecuted again. At the other extreme, two-thirds of those given a hygiene award last time are to be given one again. Overall 23% of businesses were treated more severely than on the previous visit; only 15% less severely (Exhibit 9 see overleaf).

33 There has been a move towards a more interventionist approach with some polarisation of action. For example, compared with previous action there are to be twice as many hygiene awards and six times as many prosecutions. There has also been a move away from oral advice to giving written reports.

34 Mapping past and current actions against each other also seems to show that many food premises do not respond effectively to EHO advice. Of the premises given written advice last time, 76% needed written notification again, and a further 6% had deteriorated to the point where prosecution or closure was recommended. At first sight oral advice looks particularly ineffective. Of those advised orally last time, nearly 50% were thought to merit more serious action this time. (However, some of this difference may be explained by a move towards the use of standard advice forms which are classified as written advice).

35 The survey shows a clear link between good training and lower health risk. Of the premises with a good assessment of training only 3% are assessed as having a high overall health risk; the comparable figure for premises with poor training is 22%.

36 There is a marked difference in the extent of staff training in the different
Exhibit 9
PREVIOUS AND PROPOSED ACTION

23% of businesses were treated more severely than on the previous visit, only 15% less so.

<table>
<thead>
<tr>
<th>Previous EHO action</th>
<th>Number of premises</th>
<th>Proposed action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hygiene award</td>
</tr>
<tr>
<td>Hygiene award</td>
<td>109</td>
<td>72</td>
</tr>
<tr>
<td>None</td>
<td>519</td>
<td>35</td>
</tr>
<tr>
<td>Oral advice</td>
<td>1175</td>
<td>38</td>
</tr>
<tr>
<td>Written advice</td>
<td>3069</td>
<td>66</td>
</tr>
<tr>
<td>Prosecution</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Closure order</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4926</td>
<td>211</td>
</tr>
</tbody>
</table>

Note: The diagonal shaded line indicates those premises where the proposed action is the same as that taken following the last inspection. Premises above the line are those where the action proposed is more severe than before (23%); below the line, where it is less so (15%).

Types of premises. At the two extremes were take-aways and hospitals with 69% and 8% respectively where training was assessed as poor by the EHOs (Exhibit 10).

NEXT STEPS

FURTHER ANALYSIS

Commission staff will undertake further analysis of this data to test hypotheses on the effectiveness of different types of inspection and enforcement activity. But the Commission sees value in the data being put into the public domain for general use and will make it available to others on request (with appropriate safeguards to maintain confidentiality).

37 Local authorities may find it helpful to compare the risk profile of premises in their area with the national average revealed here.

FUTURE AUDIT COMMISSION PUBLICATIONS

39 The survey forms one part of the Audit Commission’s wider study of local authorities’ environmental health functions. Work is continuing on food hygiene and other aspects of the work of local authorities in this area. The Commission proposes to issue further reports on the results of the study covering the strategy and management of the environmental health function.
SURVEY METHODOLOGY

INTRODUCTION

1 The survey was designed to give a comprehensive national picture of the state of food premises in terms of the risks to health, by means of a thorough inspection of a random sample of food premises in local authorities across England and Wales.

2 5,250 food premises were inspected. As far as possible the survey replicated the normal inspection work of EHOs, but was on a national basis using standard terms and definitions to produce comparable results across all participating authorities.

3 Throughout the preparation and execution of the survey the Commission received the advice and assistance of the IEHO and an advisory group of senior EHOs. Their contribution was extremely valuable and is appreciated by the Commission, as is the excellent cooperation received from participating authorities.

PREMISES COVERED

4 While food premises vary considerably in many respects - size, age, location etc - the most significant variation occurs between different types of food premises. A large restaurant is generally more akin to a small restaurant (in terms of the problems which are likely to lead to failures in food safety) than to a large supermarket, for example. A series of samples of specific types of food premises was therefore selected.

5 Certain types of premises such as off-licences and sweet shops which are generally regarded as low risk were excluded from the survey, as were slaughterhouses which are subject to different inspection procedures. Ten broad types were covered by the survey, as listed in the questionnaire at Appendix B.

SELECTING THE SAMPLE

6 A sample size of approximately 500 premises of each type provides sufficient numbers for analysis of results within type. After completion of the survey these results were weighted according to the estimated number of premises of each type in the population to give results at the overall level. Authorities were asked to visit 10, 20, 30 or 40 premises, the number depending on the population of the authority.

7 Within each local authority the selection of food premises to be visited had to be random. Many authorities do not have a complete list of food premises from which a random sample could be generated. Each authority was therefore asked to generate random sampling points in its area, by using its own non-domestic rating register; addresses were selected from the register at set intervals. Authorities then visited the 10 nearest food premises, 1 of each type, to those points. Thus an authority asked to visit 20 premises was required to generate 2 sampling points.
APPENDIX B

ENVIRONMENTAL HEALTH STUDY

FOOD PREMISES CONDITION SURVEY

1. GENERAL DETAILS OF VISIT

1.1 Name of Local Authority

1.2 Local Authority Code

1.3 Postcode of randomly generated sample point

1.4 Category of food premises visited (please circle the most appropriate - one only)

- Hotels and guest houses
- Restaurants, cafes and canteens
- Pubs, clubs, bars with food
- Food retailers selling some high risk foods – supermarkets, grocers, etc
- Food retailers selling primarily open food (e.g., butchers)
- Food manufacturers (high risk foods only)
- Take-aways
- Hospitals
- Educational establishments (e.g., schools, colleges)
- Residential homes (e.g., Elderly Persons or Nursing Homes)

1.5 For food retailers ONLY, please indicate the type of premises

- Supermarket/hypermarket
- Grocer
- Baker (shop)
- Butcher
- Fishmonger
- Other

2. GENERAL INFORMATION ABOUT THE PREMISES

2.1 Name and address of premises visited

2.2 Approximate number of staff engaged in food handling

2.3 What is your assessment of the food hygiene training received by the food handling staff (Please circle one number)

- Excellent
- Good
- Satisfactory
- Poor
- Very Poor

2.4 How long has the business been in the premises

- Under 3 months
- 3-12 months
- 1-3 years
- 3+ years
- Never

2.5 When was the last food hygiene inspection of this business carried out

2.6 What action was taken by the officer following the previous visit to this business (you may circle more than one option)

- Hygiene Award (or equivalent)
- None
- Verbal Advice
- Written advice/informal notice
- Prosecution
- Closure order
- Emergency closure order (including voluntary closure)

3. PHYSICAL CONDITION OF THE PREMISES

3.1 Adequate design for use

3.2 Walls, floors and ceilings

3.2.1 Construction and condition

3.2.2 Ease of cleaning

3.2.3 Cleanliness

3.3 Sanitary conditions

3.4 Drainage

3.5 Waste disposal facilities

KEY

1 Excellent
2 Good
3 Satisfactory
4 Poor
5 Very Poor

Any other comment
4 EQUIPMENT AND PRACTICES

4.1 Equipment suitable for purposes
4.2 Ease of cleaning equipment
4.3 Cleanliness
4.4 Hand washing facilities
4.5 Crockery, utensil and equipment washing facilities
4.6 Food washing facilities
4.7 Time/temperature control
  4.7.1 storage
  4.7.2 preparation
  4.7.3 display
4.8 Effective monitoring of temperature
4.9 Suitable and sufficient chilled/frozen storage facilities
4.10 Risk of cross-contamination due to practices
4.11 Risk of cross-contamination by the use of equipment
4.12 Existence of Quality Assurance/Control systems
4.13 Stock rotation
4.14 Use of protective clothing
4.15 Staff personal hygiene
4.16 Preventative pest control measures
4.17 Evidence of actual presence of pests
  (if none, please indicate "Not Applicable")
4.18 If pests are present, please indicate what type(s) they are:
  - rats: 1
  - cockroaches: 3
  - other insects: 5
  - mice: 2
  - flies: 4
  - other (e.g. birds): 6

5 HYGIENE AWARENESS

5.1 Staff hygiene awareness
5.2 Management hygiene awareness
5.3 Management attitude

6 OVERALL ASSESSMENT OF HEALTH RISK

6.1 What is your overall assessment of the health risk

6.2 What action would you normally take given your assessment? (you may circle more than one option)

Give Hygiene Award (or equivalent)  
Prosecution  5
Closure order  6
None  2
Emergency closure order (including voluntary closure)  7
Written advice/informal notice  4

Any other comments

KEY
A Imminent health risk
B Significant health risk
C Minor health risk
D Negligible health risk
X Not applicable