1 Markets- Food Traders Questionnaire

This questionnaire must be completed in full by all types of food market traders, including businesses that retail produce such as fruit and vegetables, drinks, cheeses etc. Failure to return the completed questionnaire could result in disqualification from trading at the market and future markets in Lambeth. The completed form should be returned to this Authority at least 4 weeks (28 days) before the date you wish to commence trading. The address to which the completed questionnaire should be sent is shown overleaf. If you require assistance in completing this questionnaire please telephone Consumer Protection on 0207 926 6110.

Name of Market:
Location:
Name of Food Business Operator(s):
Name of business:
Registered address & Postcode:
Telephone: e-mail:
Type of unit: (please tick) Mobile Vehicle Trailer Stall Other
If other please specify:
Number of pitches at the market:
If the unit/s attending the markets are vehicle/s please give registration number/s:
Are you registered as a food business with a Local Authority? (please tick) Y N
If "Yes" give date of registration:
Date of last inspection by LA:
Name of Local Authority:
Address:
Telephone:
Contact Officer (if known)

Please indicate which of the following facilities you intend to provide on site:
Theade indicate which of the following facilities you intend to provide on site.
Wash-hand basin Hand-drying facilities Oven*Refrigerators
First-aid kit Fryers*Cooking hobs* Freezers
Grill/BBQ*Bactericide Soap Microwaves
Other please specify* Please note that if you have any of these appliances you should have a powder or CO2 fire extinguisher and a fire blanket.
Is any of the food you intend to sell either cooked or prepared before arrival at the market? Please tick Y N
Is this food cooked or prepared at premises other than that of the trader Please tick Y N
What foods are prepared on these premises?
What arrangements will you make to ensure the food is transported safely to the market? Either transported hot over 63°C or cold at or below 8°?
What power source does the unit use for cooking/refrigeration, etc Please tick? LPG Generator Other please specify
What type of fire-fighting equipment do you have? Please tick
a) Fire-extinguishers: Co2 (Black) Dry Powder (Blue) None None
b) Fire blanket: yes No
Have you got a documented Food Safety Management System (Hazard Analysis)
Please tick Y N N
If Yes- What evidence exists to show this?
Documented procedures HACCP Plan Flow Chart. SFBB Other please specify
[Please provide a copy of the Menu you will be serving at the market!]
Have food handlers at the event received adequate food hygiene training? Please tick Yes No
Will evidence of food handlers training i.e certificates, be available at the market? Please tick Yes
What days and times are you planning to trade at the market?
Position in Company:

PLEASE RETURN THIS FORM AND SUPPORTING INFORMATION TO:

Consumer Protection and Sustainability
Housing, Regeneration and Environment
London Borough of Lambeth, Blue Star House, 234-244 Stockwell Road, London SW9 9SP
Or Email FoodHealthandSafety@lambeth.gov.uk