

SGÔR HYLENDID BWYD

FOOD HYGIENE RATING

# Form for making an appeal

The Food Hygiene Rating (Wales) Regulations 2013, Schedule 2

## Notes for businesses

- As the operator of a food business you have a right, under Section 5 of the Food Hygiene Rating (Wales) Act 2013, to appeal the food hygiene rating given to the establishment if:
  - a) you do not agree that the rating properly reflects the hygiene standards found at the establishment at the time of the inspection,
  - b) you believe that the rating criteria were not applied correctly when producing your food hygiene rating.
- **You have 21 days (including weekends and bank holidays) from the date of receipt of the notification letter to lodge an appeal.**
- Please complete the form below and return it to your local authority – Flintshire County Council, Food Safety Section, Environment Directorate, County Hall, Mold, Flintshire, CH7 6NF. Your appeal will be determined by an authorised officer and the outcome of your appeal will be communicated to you within 21 days from the date the appeal was received.

Food business operator

Business name

Business addresses

Business tel no

Business email

Date of inspection

Food hygiene rating  
given

Date notified of rating

Name of Inspecting Officer

Contact name (if different to that of food business operator)	<input type="text"/>
Head office address or contact addresses (if different to that of food business operator)	<input type="text"/>
Contact tel no	<input type="text"/>

I do not agree with the food hygiene rating given by the food safety officer because:

- I believe that the rating criteria were not applied correctly, or,
- I do not agree that the rating properly reflects the hygiene standards found at the time of the inspection.

(please explain under each of the three headings):

Compliance with food hygiene and safety procedures	<input type="text"/>
Compliance with structural requirements	<input type="text"/>
Confidence in management/control procedures	<input type="text"/>

Signed	<input type="text"/>		
Name in capitals	<input type="text"/>		
Position	<input type="text"/>	Date	<input type="text"/>

**Please now return this form to your local authority**