## Allergen Assessment

Food & Hospitality

| FIRE  |
|---|
| Are the fire alarms tested?   |
| How many call points have been tested?  |
| Are all the manual break glass points in working condition?                                 |
| Are all the fire alarms in good working condition?  |
| Are the fire extinguishers placed correctly and workable?                                   |
| Are all the safety-related signages undamaged and visible clearly?                          |
| Are the fixed fire fighting systems unblocked and in an easily accessible and usable space? |
| HEALTH  |

| Is the manual equipment and lifting equipment in good working condition?               |
|--|
| Is the manual equipment and lifting equipment inspected by a specialized professional? |
| Is the access equipment good and workable?   |
| Is the electrical equipment safe to be used?   |
| In case of any accidents in the past, are they all recorded?                           |
| Is the first aid kit well-stocked and up to date?                                      |
| Does the staff use personal protective equipment?                                      |
| Is the personal protective equipment in good condition?                                |

In case of any maintenance issues, is it made sure that they were rectified?

| Yes No Na   |
|---|
| Are all the corrective actions been done?                               |
| MANAGEMENT  |
| In case of any accidents, were they reported to ALPS?                   |
| Are the visits reposted to the ALPS of any fire officers or EHOs?       |
| In case of any incident of food poisoning, was it reported to the ALPS? |
| OPERATIONAL   |
| Are all the kitchen records updated and cross-referenced?               |
| Are the necessary actions completed?                                    |
| Is the orientation and induction of the new staff done?                 |

Are the records of all necessary training updated?

| Yes No Na  |
|--|
| Are the ice machines in working condition?             |
| Has the beer line been cleaned?<br>Yes No Na           |
| Are the high chairs cleaned and in a usable condition? |
| Auditor:<br>Yes No Na                                  |
| Signature:   |
| Day and Date:  |