

# FOOD BUSINESS REGISTRATION

## FOR CHILDMINDERS OPERATING FROM DOMESTIC PREMISES

(Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Article 6(2))

### INSTRUCTIONS FOR COMPLETION OF THE FORM

**Consider if your food activities are limited to those included in SECTION A. If they are you are not required to register as a food business with your local authority Please do nothing more.**

Childminders with more extensive food activities should complete **SECTION B, sign the bottom of the form and then send it to** Environmental Health, Municipal Chambers, Buccleuch Street, Dumfries, DG1 2AD

<b>SECTION A IF YOUR FOOD ACTIVITIES ARE LIMITED TO THIS LIST - YOU DO NOT NEED TO REGISTER AS A FOOD BUSINESS, DO NOT COMPLETE THIS FORM OR SEND IT TO YOUR LOCAL AUTHORITY</b>	
<p>a. Provision of mains drinking water.</p> <p>b. Provision of crockery and cutlery for use by children to eat their own packed lunches.</p> <p>c. Provision of chilled storage for packed lunches that belong to the children.</p> <p>d. Occasional assistance to children with cutting up their own food in response to individual need rather than as an established service.</p> <p>e. Occasional provision of food that is not part of the normal service (e.g. a cake to celebrate a child's birthday or provision of food where a parent/guardian has been delayed).</p> <p>f. Operating in the child's own home and serving food that belongs to the child's parent/guardian e.g. nannies and home child carers.</p>	

<b>SECTION B TO BE COMPLETED BY CHILDMINDERS WITH MORE EXTENSIVE FOOD ACTIVITIES</b>			
<b>Name of the food business operator (owner)</b>			
<b>Address of the food business</b>			
<b>Post code</b>			
<b>Telephone number</b>			
<b>E-mail address (if applicable)</b>			
<b>How many children do you look after?</b>	Average per day	Maximum at one time	
<b>What is the age range of the children?</b>			
<b>Which type of water supply do you have?</b>	<b>MAINS</b>	<b>PRIVATE</b>	
Do you provide drinks and snacks only?	<b>YES</b>	<b>NO</b>	
<b>Additional information</b>			
Do you prepare or provide meals?	<b>YES</b>	<b>NO</b>	
Have you received food hygiene training?	<b>YES</b>	<b>NO</b>	
Please circle any of the following foods you either prepare or provide: <ul style="list-style-type: none"> <li>• Formula Milk</li> <li>• Sandwiches</li> <li>• Dairy Products</li> <li>• Salads</li> </ul>	<ul style="list-style-type: none"> <li>• Cooked Meats</li> <li>• Raw Meat/poultry</li> <li>• Eggs</li> <li>Other foods (please specify).....</li> <li>.....</li> </ul>		
<b>PLEASE NOW SIGN THE BOTTOM OF THIS FORM AND SEND IT To - Environmental Health, Municipal Chambers, Buccleuch Street, Dumfries, DG1 2AD</b>			

**Signature of the food business operator (Owner)..... Date.....**

**Name (BLOCK CAPITALS).....**