MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

Form for Making an Appeal



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

The form to be used by a food business operator when making an appeal against a rating must, subject to such adaptations as circumstances may reasonably require, be in the form set out below.

Notes for Businesses

Food Business Operator

- * 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 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 weekend and bank holidays) from the date of receipt of the notification letter to lodge an appeal.
- * Please use the form below and return it to your local authority contact details are provided with the written notification of your food hygiene rating.
 - 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.

Business Name			
Business Addresses			
Business Tel. No.			
Business Email			
Date of Inspection	Foo	nd Hygiene rating given	
Date notified of rating	•		
Name of Inspecting Officer			
Contact name (if different	to		
that of food business operato	or)		
Head Office address or cont	act		
addresses (if different to that	: of		
food business operator)			
Contact Tel. No.			

I do not agree with the food hygie	ene rating given by the food safety officer because :
☐ I believe that the rating cr	iteria were not applied correctly, or
☐ ☐ I do not agree that the inspection.	rating properly reflects the hygiene standard found at the time of the
(Please explain, under each of the	three headings) :
Compliance with food hygiene and safety procedure	
Compliance with structural requirements	
Confidence in management/ control procedures	
Signed :	Date :
Name in capitals :	Position :