

To All Employees  
From The Directors of City Catering

June 2006

**WORKING DIRECTIVE As from 1<sup>st</sup> November 1998**

**Due to developments in employment legislation certain points need to be made clear to all employees.**

- 1. A maximum average of 48 hours per week has been allocated to the working week, although this can be assessed over a seventeen-week period. (816 hours divided by seventeen = 45 hours per week)**
- 2. Persons aged between 16-18 should take 2 days leave in each seven-day week.**
- 3. Persons over the age of 18 should take 1-day leave in each seven-day week.**
- 4. After 6 continuous hours of work each person aged between 16-18 is entitled to half an hour paid break. Persons over 18 are entitled to a twenty-minute paid break.**
- 5. All staff are due holiday entitlements.**
- 6. In order to qualify to 1.66 days holiday pay per month the employee has to put in writing his/her request one month before taking their entitlement.**
- 7. The rule has been set that an 11-hour break has to be taken between each full day shift. (You, the employee will be responsible to monitor this)**
- 8. Night work can only be undertaken with consultation between city catering and the client being supplied.**
- 9. There is a provision to opt out of the 48-hour agreement if the employee gives formal consent.**

# City Catering (Leeds) Ltd

## Bacs Payment Request

This request will be rejected if not completed in full. Incorrect information will cause the bacs process to fail – jeopardising ALL bacs payments.

Do not rely on your credit card to give you the correct bank details. If in doubt refer to your Bank Statement or chequebook.

Employee Payroll number:
--------------------------

Surname:

First name(s):

Your Bank Account holder name.....(as it appears on chequebook)

Name of Bank:

Branch Address:

Your Bank SORT CODE:  
(Six numbers)

..... .....

ACCOUNT NUMBER:  
(Eight numbers)

..... .....

Building Society Roll Number (if applicable) .....

If you require payments to be made into a friends account we need written consent by the account holder in order that they agree to this arrangement. City Catering are in no way liable to make duplicate payments to anyone arising from incorrect details submitted or issues arising from this arrangement.

I .....will accept bacs payments to my bank account on behalf of.....

Signed (friend).....Dated.....

Please write clearly and ask a Branch Operative to check the form before you submit it.

Signed .....Dated.....  
(Admin Fax: 0113 243 9551)

# HYGIENE, HEALTH AND SAFETY QUESTIONNAIRE

NAME:

DATE:

Please answer all the questions. The pass mark is 14 correct answers out of 21.  
Take your time to read each question carefully.

Tick one answer only for each question.

Example:

HOW DO FOOD POISONING BACTERIA GET INTO FOOD PREMISES?

- A. People
- B. Insects
- C. Raw Food
- D. All of these

1. The main reason jewellery should not be worn in the kitchen is:

- A. It harbours dirt and bacteria
- B. It gets in the way
- C. It might get broken
- D. It might get stolen

2. Overalls or over clothes worn by people who handle food must be:

- A. Ironed
- B. White
- C. Clean
- D. Linen

3. The main reason you should wash your hands at work is to:

- A. Prevent chapping
- B. Remove dirt
- C. Reduce Bacteria
- D. Prevent skin infections

4. When food is put in a fridge, bacteria:

- A. Are all killed
- B. Growth is slowed
- C. Grow very fast
- D. Grown fairly fast

5. You have half a tin of pear slices left over. Should you put them into the fridge in:

- A. A covered bowl
- B. The open tin
- C. The tin with a cover on it
- D. An open bowl

6. If food is kept hot before serving, what is the lowest temperature it must be kept above:

- A. 37C
- B. 53C
- C. 63C
- D. 83C

7. There are four containers of cream in the fridge. You should use the one that the 'best by date' is:

- A. Last week
- B. Tomorrow
- C. Next week
- D. Next month

8. You are off work with an upset stomach. You can go back to work:

- A. As soon as you get medical clearance
- B. As soon as you are better
- C. A week after you feel better
- D. Ten days after you feel better

9. 1) You come back from your mid-morning break  
2) You then wash and cut up some raw food  
3) Then you put some sausage rolls on  
4) Then you empty the waste bins

When should you wash your hands?

- A. After point 1 only
- B. After point 1 & 2
- C. After point 1, 2 & 3
- D. After 1, 2 & 4

10. Which one of the following is important when cleaning floors:

- A. Removing dirt with hot water and detergent every day
- B. Clean exposed area's every day
- C. Always leave them wet
- D. Disinfect them every day

11. What is the best temperature for the growth of food poisoning bacteria:

- A. 10C
- B. 27C
- C. 37C
- D. 63

12. You are cooking a piece of meat that will be served cold with salad tomorrow. How should you cool it:

- A. Turn the oven off and take the meat out after 1.5 hours
- B. Put it into the fridge straight away
- C. Leave it on a work surface in the kitchen for up to 1.5 hours
- D. Put it in a well ventilated food store for up to 1.5 hours

13. The most common cause of food poisoning:

- A. Poisonous plants
- B. Water
- C. Bacteria
- D. Chemicals

14. A common symptom of food poisoning is:

- A. Headache
- B. Diarrhoea and sickness
- C. Sore throat
- D. Kidney pain

15. High risk foods are:

- A. The most difficult to cook satisfactory
- B. High in fat
- C. Likely to have bacteria on them
- D. Where bacteria grows easily

16. Frozen poultry must be:

- A. Completely thawed before cooking
- B. Cooked from frozen
- C. Partly thawed
- D. Defrosted in a warm room

17. The law states that no person can work on a dangerous machine (E.g. meat slicer) unless they are at least:
- A. 15 and supervised or experience in the use of the machinery
  - B. 17 and supervised or experience in the use of the machinery
  - C. 18 and supervised or experience in the use of the machinery
  - D. 21 and supervised or experience in the use of the machinery
18. Which of the following does not require medical clearance:
- A. Cold
  - B. Boils
  - C. Discharges from the ears, eyes or nose
  - D. Non-septic cut
19. When lifting heavy objects you should:
- A. Bend forward and pick the object up
  - B. Lean back and pick the object up
  - C. Lift the object straight backed with knees bent
  - D. Lean sideways when picking up the object
20. Which one of the following must be provided in the premises by law?
- A. Cooker
  - B. Fridge
  - C. Shower
  - D. Wash-hand basin
21. The normal operating temperature for a fridge should be:
- A. Between 5C and 10C
  - B. Between 1C and 4C
  - C. Between 10C and 12C
  - D. There isn't one

**PERSONAL HEALTH QUESTIONNAIRE AND HEALTH &  
SAFETY DECLARATION**  
**TO BE COMPLETED BY ALL TEMPORARY CATERING PERSONNEL**

Surname.....Forename..... D.O.B.....  
 Address..... Date of Interview.....  
 ..... Registered Disabled yes/no  
 Position Applied For..... If yes, registration No.....  
 GP's Name, Address.....  
 .....

**DO YOU HAVE, OR HAVE EVER SUFFERED FROM:**

- |                                 |        |                                       |        |
|---------------------------------|--------|---------------------------------------|--------|
| * Fainting Attacks              | yes/no | * Back trouble or muscle pain         | yes/no |
| * Fits or blackouts             | yes/no | * Skin trouble                        | yes/no |
| * Giddiness                     | yes/no | * Diabetes                            | yes/no |
| * Mental Illness                | yes/no | * Recurring stomach trouble           | yes/no |
| * Reoccurring Headaches         | yes/no | * Recurring Bowel trouble             | yes/no |
| * Ear trouble or deafness       | yes/no | * Have you any disabilities affecting |        |
| * Eye trouble or defective      |        | Standing                              | yes/no |
| Vision not corrected by glasses | yes/no | Walking                               | yes/no |
| * Reoccurring chest disease     | yes/no | Stair Climbing                        | yes/no |
| * Asthma                        | yes/no | Lifting                               | yes/no |
| * Hayfever                      | yes/no | Use of hands                          | yes/no |
| * Heart Trouble                 | yes/no | Work at heights                       | yes/no |
| * High Blood Pressure           | yes/no | Ability to drive motor vehicles       |        |
| * Varicose vein trouble         | yes/no |                                       | yes/no |

In the last 2 years have you been off work because off illness or injury? yes/no  
 If yes, how many days did you lose? .....

Are you, at present, having any treatment or medicine prescribed by a doctor? yes/no  
 Have you made a full recovery from your illness or injury? yes/no  
 (If no then a Doctor's Certificate is required stating that they are safe to return to work in a food handing environment.)

**DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM:**

- |                   |        |
|-------------------|--------|
| Typhoid fever     | yes/no |
| Paratyphoid fever | yes/no |

**AT PRESENT ARE YOU SUFFERING FROM:**

- |  |        |
|--|--------|
| A nasal infection                                  | yes/no |
| A cough with phlegm/sore throat                    | yes/no |
| A discharging ear                                  | yes/no |
| Acne, boils, styes, burns or septic fingers        | yes/no |
| Diarrhoea, abdominal pain or fever                 | yes/no |
| Any skin trouble affecting the hands, arms or face | yes/no |

(If no, then Doctors Certificate is required stating that the are safe to return to work in a food handling environment)

DO YOU SMOKE? IF SO, HOW MANY CIGARETTES (OR CIGARS) PER DAY? .....  
HOW MUCH ALCOHOL DO YOU DRINK? Per week?.....per day?.....

HEIGHT ..... WEIGHT .....

HOW OFTEN DO YOU ATTEND THE DENTIST? .....

HAVE YOU HAD A CHEST X-RAY RECENTLY? DATE: PLACE:

PLEASE GIVE THE LAST DATE OF IMMUNISATION OR VACCINATION FOR: -

Rubella (German Measles)	Date:
Tuberculosis	Date:
Diphtheria Schick test	Date:
Poliomyelitis	Date:
Tetanus	Date:
Hepatitis B	Date:

HAVE YOU LIVED ABROAD IN THE LAST SIX MONTHS? IF SO, WHERE?

HAVE YOU, IN THE LAST SIX MONTHS, TRAVELLED ABROAD? IF SO WHERE?

I declare that the above statements are true and complete to the best of my knowledge. I consent to the employment medical advisor obtaining further information about any of the above conditions from any doctor or hospital by whom I have been treated. I agree to inform the supervisor and nursing staff if any of the above occurs in the future.

SIGNED.....DATE.....

### PERSONAL HEALTH DECLARATION

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know no medical reason why I should not work in a food environment. Should the situation change whilst either:

- I am engaged on a temporary assignment by City Catering.
- In between assignments for City Catering of other employers.

I will immediately notify the relevant City Catering Branch and, if appropriate, the company where I am working.

SIGNED.....DATE.....

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### HEALTH AND SAFETY DECLARATION

I.....whilst working as a Catering Temporary for City Catering will:

- Not use machinery unless experienced and able to.
- Not work on dangerous machines (e.g. meat slicer) unless 18 or over and supervised or experienced in the use of machinery.
- I will ensure that at all times I will take precautions to avoid injury to myself and others and to prevent damage to any equipment/machinery.

SIGNED.....DATE.....

# *CITY CATERING (Leeds) LTD*

## **Confidentiality and Disclosure Information**

**I agree during my employment at City Catering (Leeds) Ltd. or thereafter, never to divulge or otherwise make use of any confidential information regarding the affairs of City Catering or any of its Clients, or use to the detriment or prejudice of the above any information designated as confidential which may have come to your knowledge during the course of your employment.**

**This restriction will continue to apply after the termination of your employment at City Catering without limitation in time.**

**Signed on behalf of the Employer:.....Date.....**

**Print Name.....**

**Signature of Employee.....Date.....**

**Print Name.....**