# Annex checklist specific requirements for the gastronomy

The points on the check-list correspond to the requirements and are checked during the audit.

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| Requirements | | Comments on implementation/deviations | Evaluation |
| Has the person responsible for quality management received, read and understood the regulations:   * Regulations for the Allergy Seal of Quality * Specific requirements for the gastronomy * Requirements for auditing bodies and audits * Penalty provisions | | yes  no  Click here to enter text. | Rating |
| Chapter 2 Requirements | | |  |
|  | How long has the establishment existed? Requirement: for at least 6 months. | Click here to enter text. | Rating |
|  | When was a SAS recommended basic course or an official training course in the field of allergies successfully completed? Proof available? | Click here to enter text. | Rating |
| Chapter 3 Requirements of the quality management | | | |
| 3 a | Who is responsible for allergen management (function)/deputy? | Click here to enter text. | Rating |
| 3 b | Which range of allergen-optimised preparations is defined and mastered? | Click here to enter text. | Rating |

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| Requirements | | Comments on implementation/deviations | Evaluation |
| 3 c | Are the possible dangers (storage, contamination, declaration, information) described and do they correspond to reality? | yes  no  Click here to enter text. | Rating |
| 3 d | Is the targeted purchasing of allergen-free ingredients defined in allergen management? | yes  no  Click here to enter text. | Rating |
| 3 e | Which system (written, oral) is used to provide information on ingredients containing allergens? | Click here to enter text. | Rating |
| 3 f | Are non-allergenic ingredients stored separately from allergenic ingredients? Are the containers of non-allergenic ingredients closed? | yes  no  Click here to enter text. | Rating |
| 3 g | How does the preparation of non-allergenic food take place with regard to the risk of contamination (spatial or temporal separation)? | yes  no  Click here to enter text. | Rating |
| 3 h | Is the cleaning and disinfection of the utensils carried out as prescribed? | yes  no  Click here to enter text. | Rating |
| 3 i | Is the implementation of cleaning and disinfection checked? | yes  no  Click here to enter text. | Rating |
| 3 j | Is there a double check for the menu output? | yes  no  Click here to enter text. | Rating |
| 3 k | Who communicates with the guest and how? | Click here to enter text. | Rating |

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| --- | --- | --- | --- |
| Requirements | | Comments on implementation/deviations | Evaluation |
| 3 l | Can employees implement the concept for dealing with emergency situations for allergy sufferers? | yes  no  Click here to enter text. | Rating |
| 3 m | Are deviations recorded and improvements derived from them? | yes  no  Click here to enter text. | Rating |
| 3 n | How often are training and further education courses in the field of allergen management carried out for employees? | Click here to enter text. | Rating |
| Chapter 4 Obligation to report | | | |
| 4.2 | Has a guest had a reaction because of an allergy or intolerance? What was the response? Have there been any changes in the establishment as a result? | Click here to enter text. | Rating |
| Chapter 5 Specific requirements | | | |
| 5 a | Is the personnel able to provide information – both verbally and in writing – about the exact composition of the food at any time and to recommend specially prepared dishes? | yes  no  Click here to enter text. | Rating |
| 5 b | Is it possible to prepare food or omit specific ingredients for the allergy(ies) or intolerance(s) declared in the establishment? | yes  no  Click here to enter text. | Rating |
| 5 c | Are smoking rooms separated? | yes  no  Click here to enter text. | Rating |
| Requirements | | **Comments on implementation/deviations** | **Evaluation** |
| 5 d | Are the listed plants Ficus benjamina, Philodendron bipennifolium, and Yucca aloifolia not present in the entire establishment? | yes  no  Click here to enter text. | Rating |
| Chapter 7 Award and information | | | |
| 7 | Do the awards meet the requirements? | yes  no  Which one is used?  Click here to enter text. | Rating |

By providing a signature, you confirm that all requirements have been reviewed.

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| Place and date:  Click here to enter text. | Signature of auditor: | Name and first name of the auditor in block capitals  Click here to enter text. |

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