## RESTRICTED (when complete)

Appendix G

WITNESS STATEMENT CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; Criminal Procedure Rules 2005, Rule 27.1												
Statement of	Statement of Jasminder Virdi PC 392QA URN:											
Age if under 1	8 Over 18	(if over 18 insert 'over	r 18') Occupa	tion:	Police Off	icer 208263						
This statement (consisting of: 1 pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it which I know to be false, or do not believe to be true.												
Signature:			*****	Date:	10/	4/2015	****					
Tick if witness e	vidence is visually record	ed (supply w	itness details	on rear)								
I hereby confir	m that I am the above	mentioned person.	My current	role is t	he Police L	icensing Officer	for the					
London Boroug	th of Harrow.											
I submit the fo	llowing evidential docu	uments to the Lice	nsing Panel	for their	considerat	ion in the review	of the					
premises licence of Food & Wine Convenience Store, 120 High Street, Wealdstone, Harrow, HA3 7AL.												
1) A redacted MG11 statement from a Harrow Council Environmental Health Technical Officer, Susan Carol												
Haynes, for the	Haynes, for the two visits that she made on the 18th and 19th of February 2015 to premises of Food & Wine											
Convenience S	tore, 120 High Street,	Wealdstone, Harro	w, HA3 7A	L to che	ck whether	remedial measur	res had					
been implemen	ted to allow the premis	ses to re-open for	business. On	the 19th	h of Februa	ary 2015, Susan l	Haynes					
observed two of	ther males in the compa	ny of Mr Sinnatha	mby Srithara	n. One o	f them had	been identified to	her as					
a builder on the	previous day and the o	ther one was introd	duced as a fr	iend on t	he second	visit. She observe	d them					
to be drinking a	lcohol from a bottle and	d a can. These were	e disposed of	ff by Mr	Sritharan w	hen requested by	Susan					
Haynes. Susan	observed that the behir	d the till was a ba	g containing	packets	of cigarett	es, a few of which	h only					
bore health war	nings printed in a fore	ign language. The	cigarette pa	ckets wi	ith the heal	th warning in a	foreign					
language should	l not be kept in shop pi	emises for retail p	urposes. The	builder	claimed the	e cigarettes were	for his					
personal use. Th	e statement is dated 09	/04/2015.										
2) Photocopies	of the inspection reports	s filed by Susan Ha	ynes for two	visits.								
3) Three black a	and white copies of the	photographs taken	of the packe	ts of cig	arettes that	had been seen by	Susan					
Haynes on the 1	9th of February 2015.		-			·	-					
The absence of	the Designated Premis	es Supervisor and	Licensee, M	irs Janan	i Sritharan,	and the conduct	of Mr					
Sritharan gives the indisputable impression that Mr Sritharan is the person in charge of the premises whilst Mrs												
Janani Sritharan has no real authority or control in the management of the premises.												
	-			•								
CONTRACTOR OF THE PARTY OF THE												
Signature:		Signature w	ritnessed hv									

2006/07(1): MG 11(T)

Home	e address:			
			9339	
Home	i terepriorio manos			
Mobi	ile/pager number Email address:			
Prefe	erred means of contact:			
Male	2 / Female (delete as applicable) Date and place of birth:			
Form	er name: Ethnicity Code (16+1): R	eligion/belief:	*****	
Dates	s of witness <u>non-availability</u>		••••••	
Witn	iess care			
a)	Is the witness willing and likely to attend court? Yes. If 'No', include reason(s) on MG6.			
b)	What can be done to ensure attendance?			
c)	Does the witness require a Special Measures Assessment as a vulnerable or intimidated w	itness?		
	No. If 'Yes' submit MG2 with file.			1:00 L:
i)	No. If 'Yes' submit MG2 with file.  Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthousely impaired, restricted mobility or other concerns?)	are, childcare, transp	oort, , lan	guage difficulties,
Witne	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healther visually impaired, restricted mobility or other concerns?)  Less Consent (for witness completion)  The criminal justice process and Victim Personal Statement scheme (victims only) has	Yes	No	guage difficulties,
Witn	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthousestally impaired, restricted mobility or other concerns?)			guage difficulties,
Witn	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healther visually impaired, restricted mobility or other concerns?)  Seess Consent (for witness completion)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me	Yes Yes	No	guage difficulties,
Witner)	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healther visually impaired, restricted mobility or other concerns?)  Ness Consent (for witness completion)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me  I have been given the Victim Personal Statement leaflet	Yes Yes	No No	guage difficulties,
Witner)	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthed visually impaired, restricted mobility or other concerns?)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet  I have been given the leaflet 'Giving a witness statement to police — what happens next?  I consent to police having access to my medical record(s) in relation to this matter:	Yes Yes Yes	No No	
Witn  )) )) )) )) ))	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthd visually impaired, restricted mobility or other concerns?)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me I have been given the Victim Personal Statement leaflet  I have been given the leaflet 'Giving a witness statement to police — what happens next?  I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)  I consent to my medical record in relation to this matter being disclosed to the defence:  I consent to the statement being disclosed for the purposes of civil proceedings e.g. child	Yes Yes Yes Yes	No No No	
Witn  b)	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthd visually impaired, restricted mobility or other concerns?)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me  I have been given the Victim Personal Statement leaflet  I have been given the leaflet 'Giving a witness statement to police — what happens next?  I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)  I consent to my medical record in relation to this matter being disclosed to the defence:	Yes Yes Yes Yes Yes Yes	No No No No	
Witn  ))  ))  ))  ))  ))	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healther visually impaired, restricted mobility or other concerns?)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me  I have been given the Victim Personal Statement leaflet  I have been given the leaflet 'Giving a witness statement to police — what happens next?  I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)  I consent to my medical record in relation to this matter being disclosed to the defence:  I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA  The information recorded above will be disclosed to the Witness Service so they can offer	Yes Yes Yes Yes Yes Yes	No No No No No	
Witn  (Vitn  (Vi	Does the witness have any specific care needs? No. If 'Yes' what are they? (Disability, healthe visually impaired, restricted mobility or other concerns?)  The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me  I have been given the Victim Personal Statement leaflet  I have been given the leaflet 'Giving a witness statement to police — what happens next!  I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)  I consent to my medical record in relation to this matter being disclosed to the defence:  I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings, CICA  The information recorded above will be disclosed to the Witness Service so they can offe help and support, unless you ask them not to. Tick this box to decline their services:	Yes Yes Yes Yes Yes Yes	No No No No No	

### STATEMENT OF WITNESS

Criminal Procedure Rules 2010 Rule 27.2; Criminal Justice Act 1967, Section 9; Magistrates' Courts Act 1980, Section 5B

Statement of : (name of witness)

**Susan Carol Haynes** 

Age of witness: Over 21

Occupation of witness: Environmental Health Technical Officer

This statement (consisting of 2 page(s) and signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I should be liable to prosecution if I have wilfully stated in it anything I know to be false or do not believe to be true. I am willing to attend court to give evidence.

Signature:

Date: 9/4/2015

- 1 My name is Susan Carol Haynes, and I have been employed by the London Borough of
- 2 Harrow for 25 years. I am an Environmental Health Technical Officer and am
- 3 authorised under the Food Safety and Hygiene (England) Regulations 2013, the Food
- 4 Information Regulations 2014 and the Food Safety Act 1990. On 18th February 2015
- 5 I was asked by my manager to visit Food and Wine Convenience Store, 120 High
- 6 Street, Wealdstone, Middlesex HA3 7AL to check conditions and reopen the premises if
- 7 necessary, as it had been closed on a voluntary basis by my colleague had a colleague had
- 8 Environmental Health Officer on 10<sup>th</sup> February 2015 due to an imminent risk to health.
- 9 I showed my identification and met the owner Mr Sinnathamby Sritharan and proceeded
- 10 to inspect the premises. I was also introduced to a man named
- who told me he was a Builder. Insufficient work had been completed to enable the
- 12 premises to be open for business and following a discussion I left a form FH1 which I
- 13 exhibit as (SCH1). Following a message left on my office voicemail, I visited again on
- 14 19<sup>th</sup> February 2015 and entered the premises from the rear door. I called out several
- times as I could hear people talking inside, I walked into the sales area at the back and
- 16 saw Mr Sritharan, and tall young man chatting. They were drinking alcohol
- 17 from a bottle and a can. I told Mr Sritharan that they should not be drinking alcohol at

the premise and he apologised and they threw the bottle and can away. I also asked

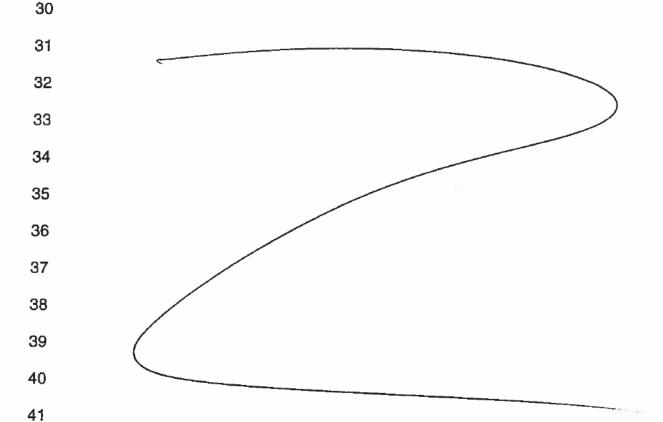
Signature

Signature witnessed by

### STATEMENT OF WITNESS continued

Criminal Procedure Rules 2010 Rule 27.2; Criminal Justice Act 1967, Section 9; Magistrates' Courts Act 1980, Section 5B

19 who the young man was and Mr Sritharan told me he was a 'friend'. I asked the young 20 man to leave as I needed to discuss the business with Mr Sritharan. I looked behind the till at the front of the shop and saw a carrier bag on the floor, it contained 4 boxes, each containing 200 cigarettes, 400 Marlboro, 200 Benson and Hedges and 200 Lambert and Butler. There were also 4 single packs of 20; I took photographs of the cigarettes. (SCH2-SCH4) I enquired why they were there. belonged to him and I asked why they would be behind the till when he was not employed at the premises. He insisted they belonged to him, therefore I told him to take them home and keep them there. I checked the rest of the premises and found it was much better and I confirmed that it was in a satisfactory condition. I completed form FH1 which Mr Sritharan duly signed, I enclose exhibit (SCH 5).



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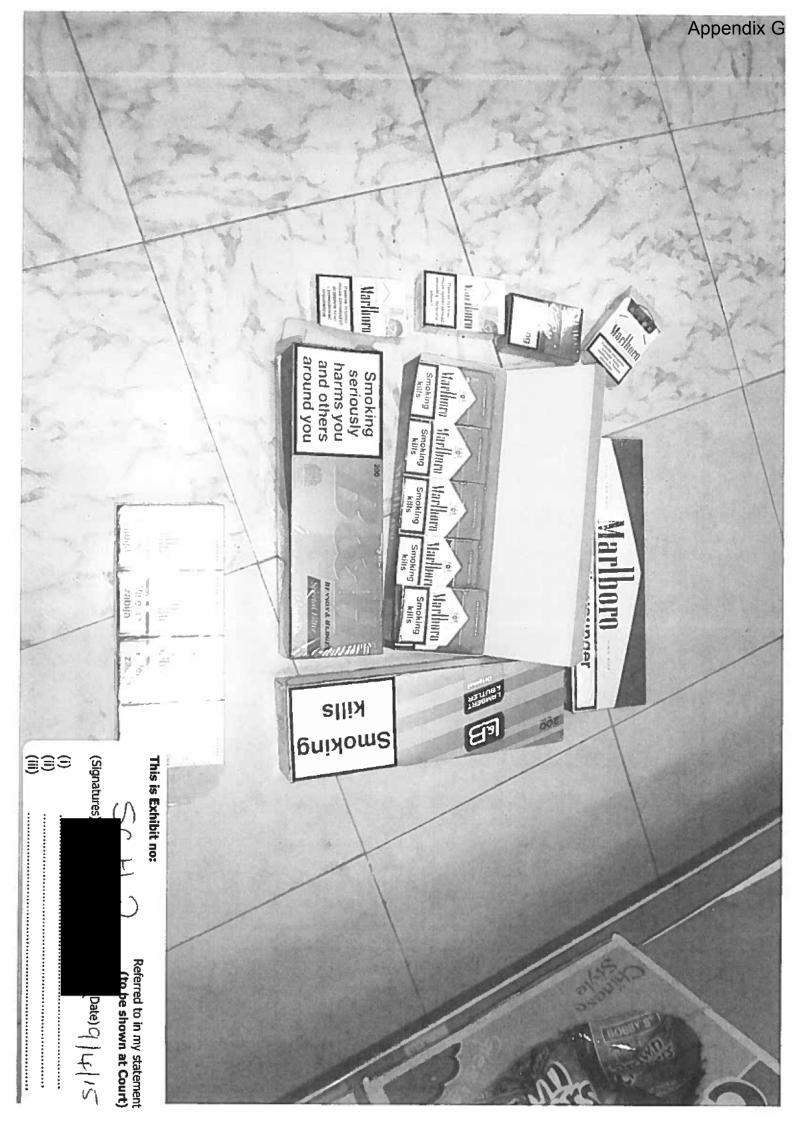
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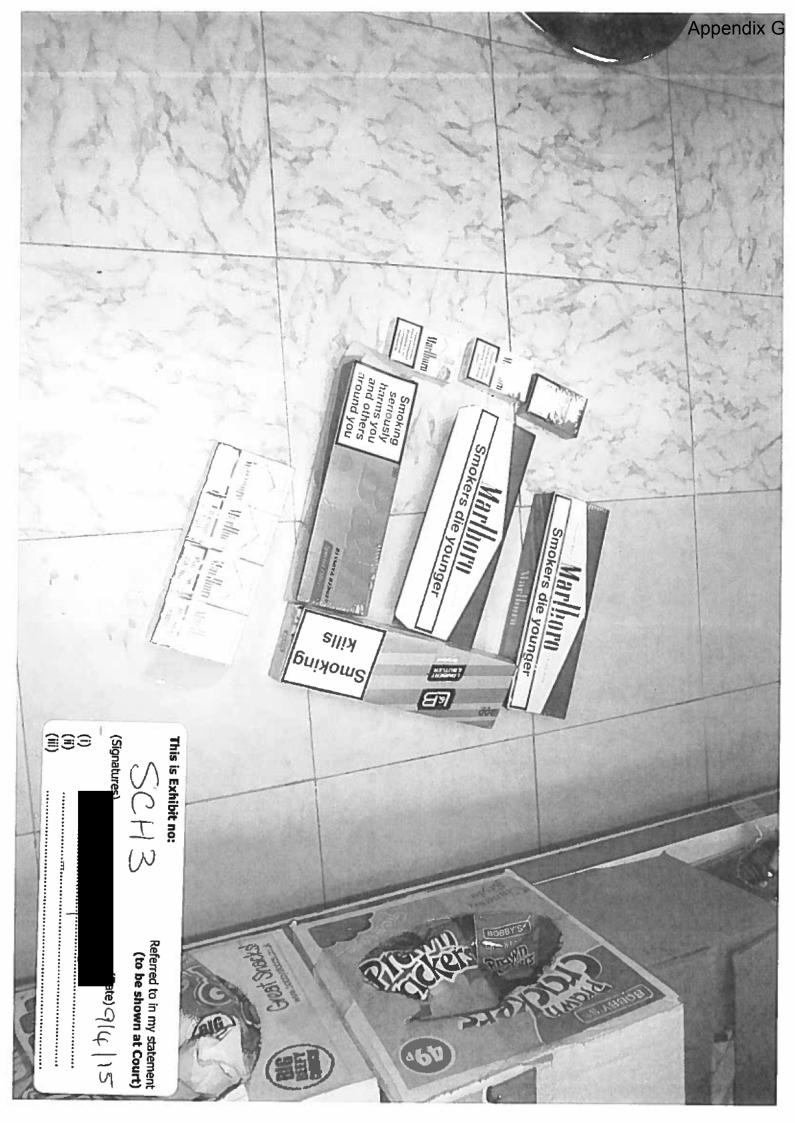
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# LONDON BOROUGH OF HARROW - ENVIRONMENTAL HEALTH SERVICES - COMMERCIAL SAFETY TEAM

Telep	Autho	Action as result of visit:					2 ,		Rem	Records examined; None:     H&S Palie	Person(s) s	Telephone	Registered	Name of business:	WK Sheet No.	REPO
Telephone Number:	Authorised Officer (signed)	No I	Shec	10 man	CDYDARA	6/8/	the o		What you need to do to comply with law / advice (in addition to areas indicated on form)		Person(s) seen/interviewed:	Telephone Number / email	Registered Nume and address (if different):	Foody	20:	REPORT OF:
er: 020 i	er (signed) .	Verbal Advice		5 0	red West	extuato	remises		ed to do to	] - <sup>-</sup>	d:		dress (if differ	wine		INSPEC
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	Print Name	Written	S Call	lookind	modernal	40	not 1		ih law / advi	lecords     Training   Lift / Elec / Gas Certificates				Local & Wine Convenience Strac	Date / Time	INSPECTION / REVISIT / OTHER
		Written Legal		ad the	10 th	Raquia	completed		ce (in additi			1		trac.	18/2 m	HTO/
Email:	Print Name	- I - I - I - I - I		tull.	t may	2	A PORT		on to areas	<u> </u>	Status:	Is Written		Address:	15	R
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= 1	(3		DK.	alla	Chanse	2	2 3			Temp Records   Risk Assessments     Oil Callection Records   Other:	Nlanager of Premise:	LINTIA	Food Business Operator (if different):	Street	Inspection of:	•
	(Signatures)	This is Exhibit no:	ROT X	Wt 18		2 must k	DA DA			Risk Assessment	f Premise:	Opening Hours	Operator (if d	Was	Whole of pre	
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	)ate) <	Referred to in my statement (to be shown at Court)							Timescale	Number of Samples Taken:					-	Ů.
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# LONDON BOROUGH OF HARROW – ENVIRONMENTAL HEALTH SERVICES – COMMERCIAL SAFETY TEAM

result of visit: Action			/ou &	A new	May Drem	Item What you need	Records examined: HACCP [ ] None: [ ] H&S Policies/Procedures	Person(s) seculinterviewed:	Telephone Number / cmail	Registered Name and address (if different):	Name of business:	WK Sheet No:	REPORT OF: INSPECT
Person Receiving report (signed)Print Name Authorised Officer (signed)	Vertial Advice       Written       W		may open the premise	count with hose to	ized has been	What you need to do to comply with law / advice (in addition to areas indicated on form)	Pest Records   Training   ] To	% Suny 40%	The second of the second	s (if different):	oct 4 Wma	Date / Time	INSPECTION / REVISIT / OTHER
Print Name	Written Legal     Notice(s) [ ] Clasure Fo		sed for lows mass	id this exemina	channed 4 now floor	addition to areas indicated on form)	Traceability     Cleaning Records     Temp Records     Ri Refuse Records     Animal By Products / Oil Collection Records	Status:	Is Written English Understood		Address: 130 High Str	19/2/15 3:55 Sphil	HER
(Signatures)	Closure Formal /   This is Exhibit no:				law in the reat		Sk Assessments       Other:	Nanager of Premise:	Y   1 N   1 Opening Hours	Food Business Operator (if different):	treet, Wealdstone	Inspection of: Whole of premises [ ] Part of premises [ ]	Marrowsounce
(Date) 9 (4)15	Referred to in my statement					Timescale Law	Accident Book [   Number of Samples					of premises [ ]	DUNCIL