Notice Regarding Food Allergy Accommodation

Restaurant
General Manager

We do our best to accommodate customers with food allergies to make sure they can enjoy their meals.
We will suggest dishes according to your dietary requirements.
If you agree to the following, please fill out the "Food Allergy Questionnaire" on the reverse side of this form.

1. The questionnaire does not ask about "likes and dislikes".

2. The information on the ingredients used is based on data provided by the manufacturer.

3. Because we prepare all of our dishes in the same kitchen and share cooking and cleaning equipment, it is possible that a small amount of allergens may be introduced into the food during the cooking process. In addition, there is a possibility that a small amount of allergens contaminate the ingredients during the manufacturing process.

4. Because of the reasons mentioned above, please note that the menu is not completely allergen-free. In addition, after listening to the customer's request, it may be difficult to respond depending on the content. In addition, it may be difficult to respond to requests on the day. Thank you for your understanding.

5. The information on the "Food Allergy Questionnaire" will be used to help ensure food safety for those with food allergies consuming food and beverages, and will also be used to contact and provide information to medical institutions, etc. in the event of an emergency. Mori Trust Hotels & Resorts, Inc. will manage and dispose of this form responsibly, keeping in mind privacy concerns.

① Please fill in your information

Date of your visit	Year Month Day		Restaurant		
			Gender	□Male □Female	Gender, age, and other information is required in the event of an emergency. In case of emergency, the information will be used to contact and will be communicated to medical institutions.
Name			Age	Years	
Name of the person filling out this form (Relationship to the individual)			Person filling out this form Contact phone number		

② Please tick the foods you are allergic to and describe each symptom (respiratory symptoms, digestive symptoms, skin symptoms, etc.).

□ Shrimps		□ Kiwi	
□ Crab		□ Beef	
□ Walnuts		□ Sesame	
□ Wheat		□ Salmon	
□ Buckwheat		□ Mackerel	
□ Eggs		□ Soy	
□ Milk		□ Chicken	
□ Peanuts		□ Bananas	
□Cashews		□ Pork	
□ Abalone		□Macadamia nuts	
□ Squid		□ Peaches	
□ Salmon roe		□ Mountain yams	
□ Oranges		□ Apples	
□Almonds		□ Gelatin	
□pistachio			
□ Other (Please provide as much information as possible.)			

Restaurant entry field

Proposal	

● If you agree to the above "Proposals", please sign the following.

Year Month Day Signature (person filling out the form)

レストラン使用欄

受付部署〇	受付者	ｼｽﾃﾑ入力者	予約対応者	ｾｰﾙｽ対応者	ﾌﾛﾝﾄ対応者	FB 対応者	ﾃｰﾌﾞﾙNo.	調理対応者
予約 セールス フロント FB	印 or サイン	印 or サイン	印 or サイン	印 or サイン	印 or サイン	印 or サイン		

→コピー配布 →HACCP 帳票転記

提供内容	

→提供内容記入後、FB にてファイリング

2026.7 改訂