Food Employee Health Reporting Agreement

Preventing transmission of diseases through infected / sick food handlers and servers

Use this agreement between employees and management to help ensure food handlers and servers have been advised by management of when to report illness symptoms, conditions and medical diagnoses.

I AGREE TO REPORT TO THE PERSON IN CHARGE ANY OF THE FOLLOWING SYMPTOMS OR CONDITIONS:

1. Diarrhea*
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Skin lesions with pus or infected wounds that are open or draining (hands/wrists/exposed body parts)
6. Medical diagnosis of illness with one or more of the following bacteria or viruses:
   - Norovirus
   - Hepatitis A virus
   - Shigella spp.
   - E-Coli (Enterohemorrhagic or Shiga toxin producing) (EHEC/STEC)
   - Salmonella Typhi (Typhoid fever)
   - Non-typhoid Salmonella (Salmonella sp.)
   - E coli (Escherichia coli 0157:H7)
   - Amoebic dysentery (Entamoeba hisolytica)
   - Campylobacter sp.
   - Calicivirus; Cryptosporidium sp.
   - Giardia sp.
   - Yersinia sp.
   - Staphylococcus aureus
   - Listeria monocytogenes

* Diarrhea is defined by the World Health Organization (WHO) as three or more loose stools within a 24 hour period.

I have read or had explained to me the requirements concerning my responsibilities under the Wisconsin Food Code and this agreement to comply with:

► Reporting requirements as described above regarding symptoms, conditions or diagnosis
► Work restrictions or exclusions that are imposed on me in the event I have one or more of the of the symptoms, conditions or diagnosis
► Good hygienic practices, especially when and where to wash hands

Print name of food employee: ____________________________________________________________

Signature of food employee: ___________________________ Date: __________________________

Signature of owner/person-in-charge/representative: ___________________________ Date: __________________________

Note: This document should be kept on file by management for review during inspections

Oneida County Health Department—April 2013
Food Employee Hand Washing Agreement

Preventing transmission of diseases through inadequate hand washing by food handlers and servers

Use this agreement between employees and management to help ensure that food handlers and servers have been advised by management of when and where to wash hands.

I AGREE TO WASH HANDS AT THE DESIGNATED HANDSINK(S):

► Before preparing food
► When switching from raw food to ready-eat-food
► After using the toilet room
► After coughing, sneezing or blowing nose
► After using tobacco, eating or drinking
► After touching bare human body parts
► After touching live animals
► After handling soiled equipment or utensils
► After engaging in other activities that contaminate hands
► When changing disposable gloves*

*The Wisconsin Food Code requires food handlers to wash hands when changing gloves.

Print name of food employee: __________________________________________________________

Signature of food employee

Date

Signature of operator/person-in-charge/representative

Date

Note: This document should be kept on file by management for review during inspections.

Examples of when gloves do not have to be worn:

• Handling raw meat, such as chicken, burger, steak, fish, pork;
• Slicing/cutting vegetables that will be used in soup or chili, or other cooked dishes;
• Food that will be breaded, such as onion rings, or breaded pickles;
• Preparing ingredients when making casseroles (noodles, previously cooked meat, cheese) – all ingredients will be cooked a second time.
• Handling any food that will be cooked;

Please remember when in doubt, wash and thoroughly dry hands.