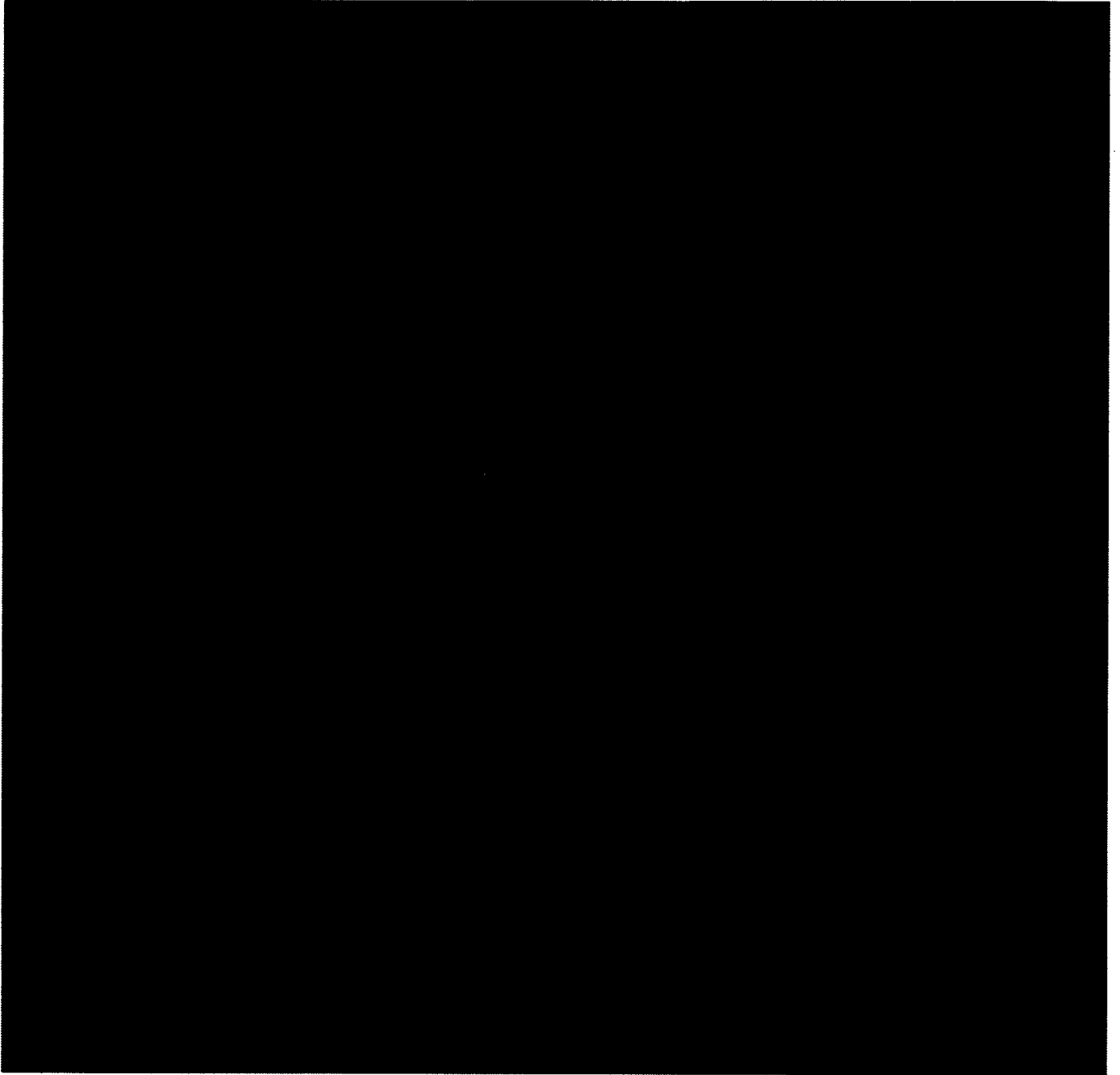
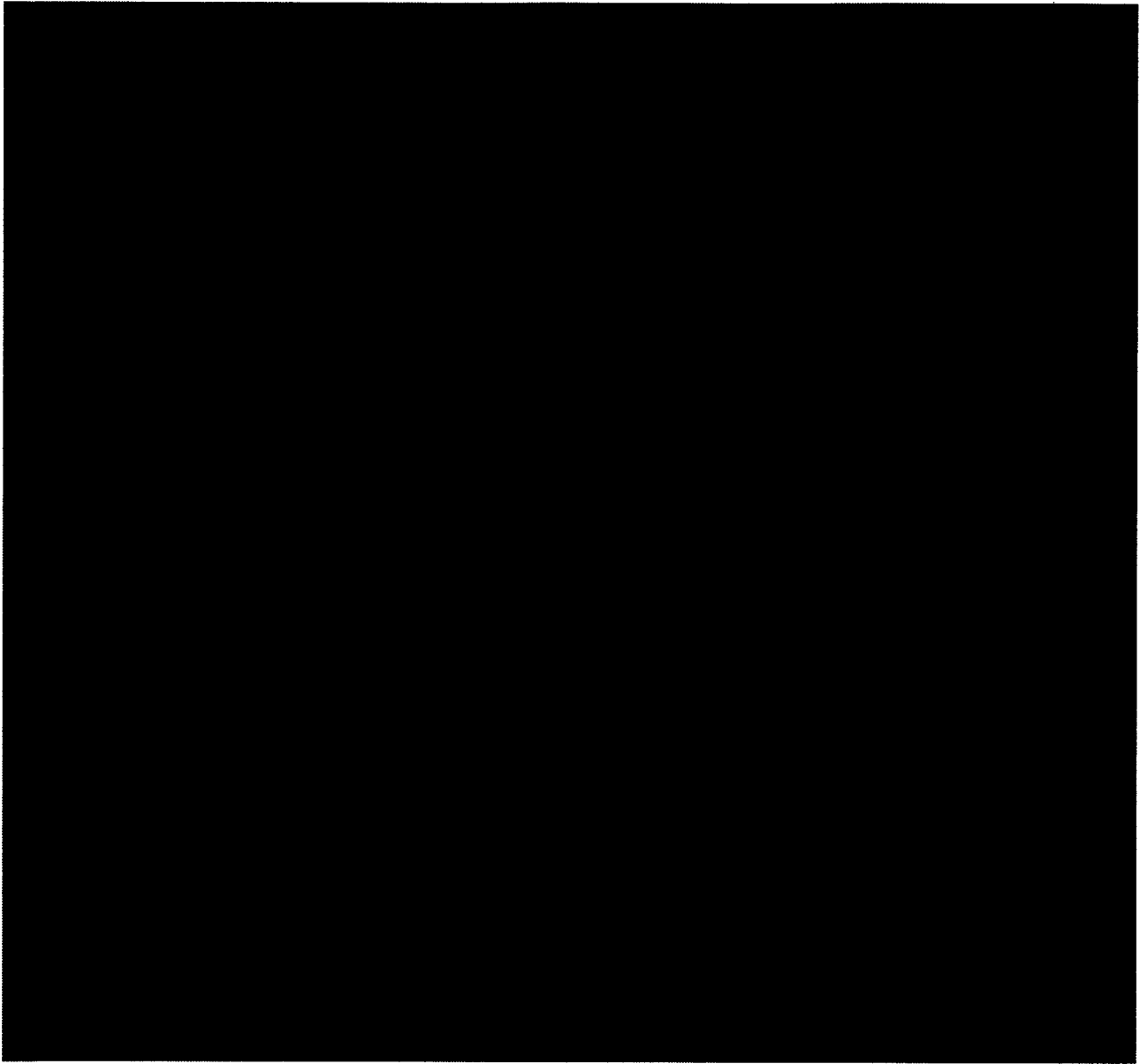


Hygiene Program

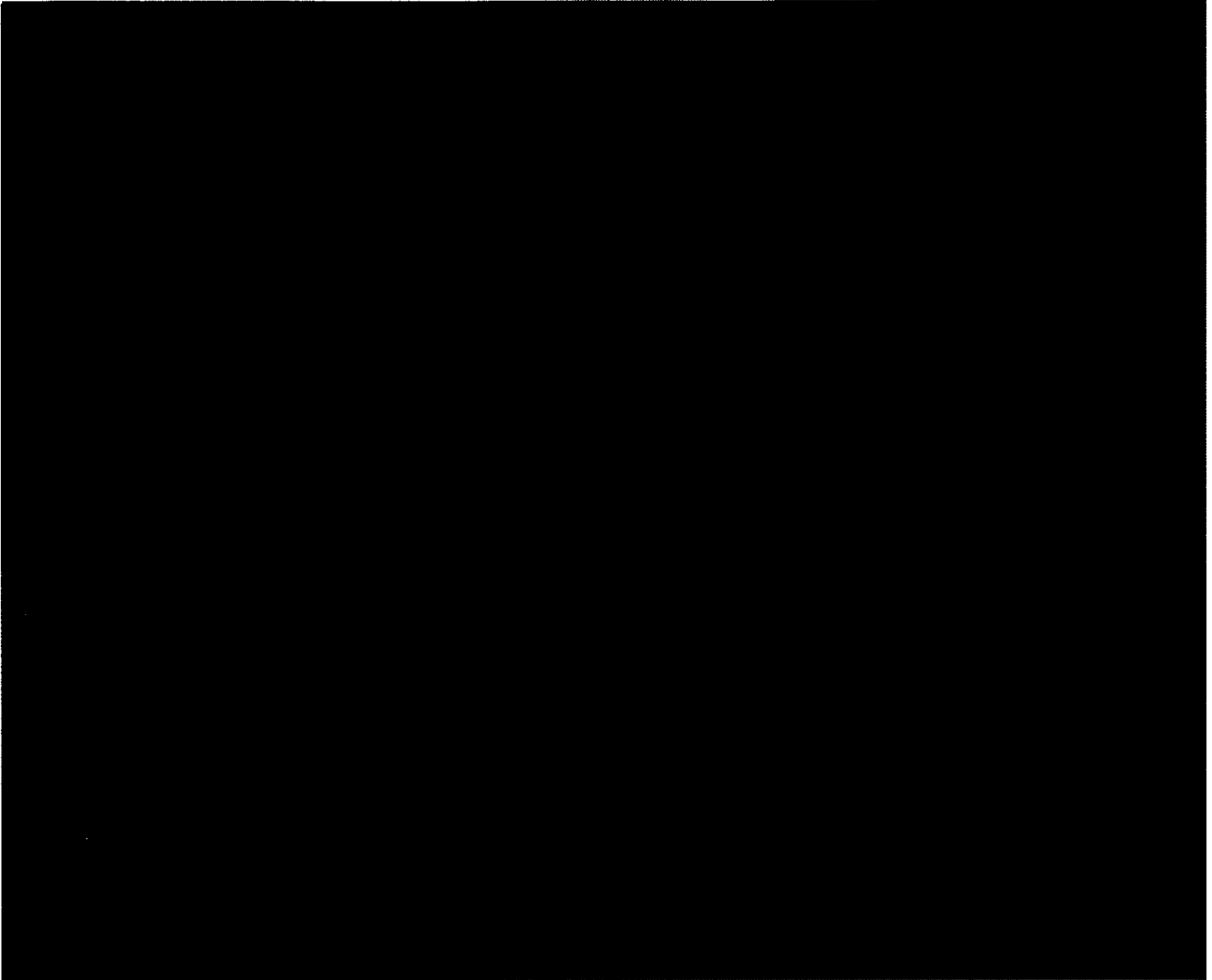
Personal Hygiene Program



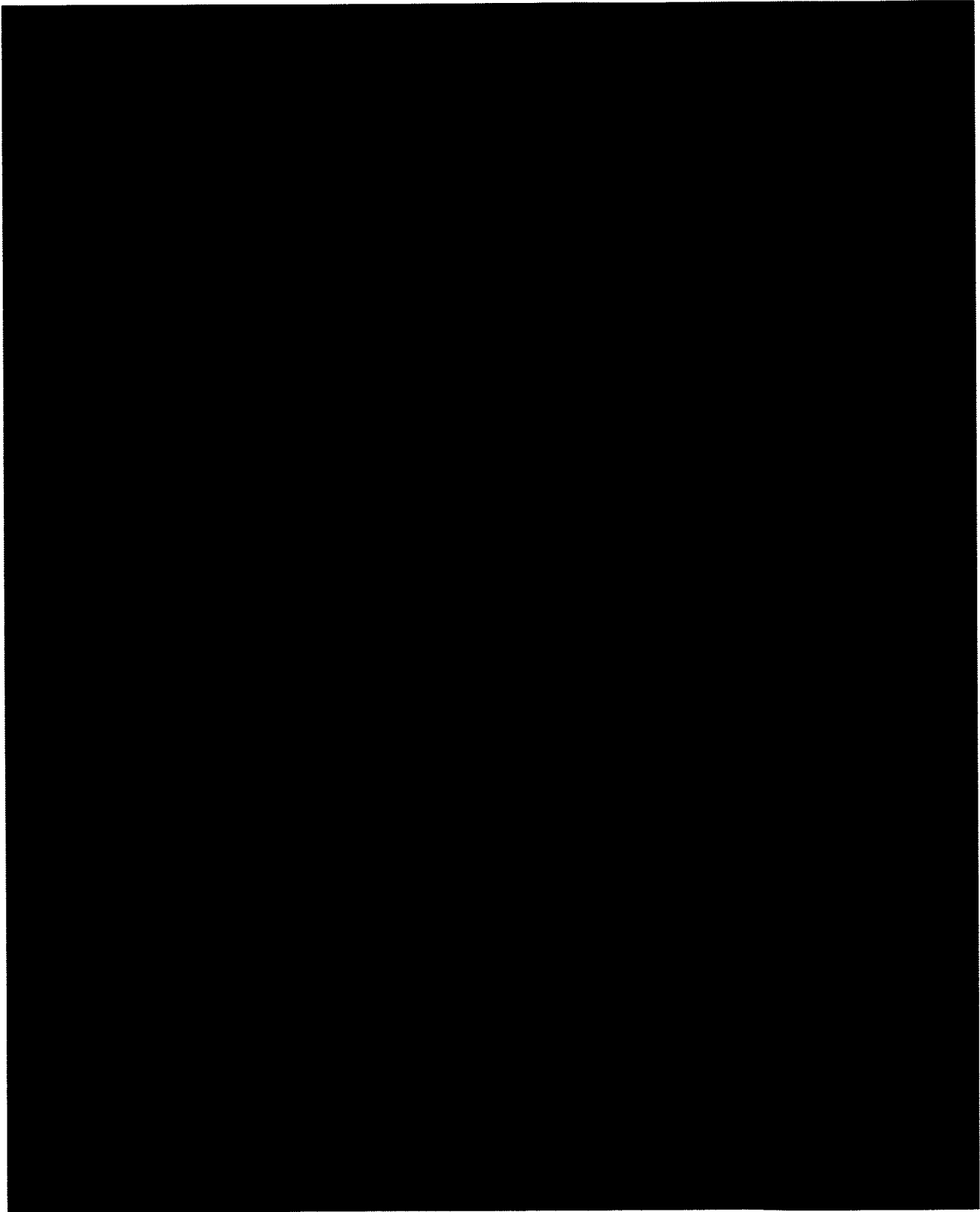
PERSONAL HEALTH

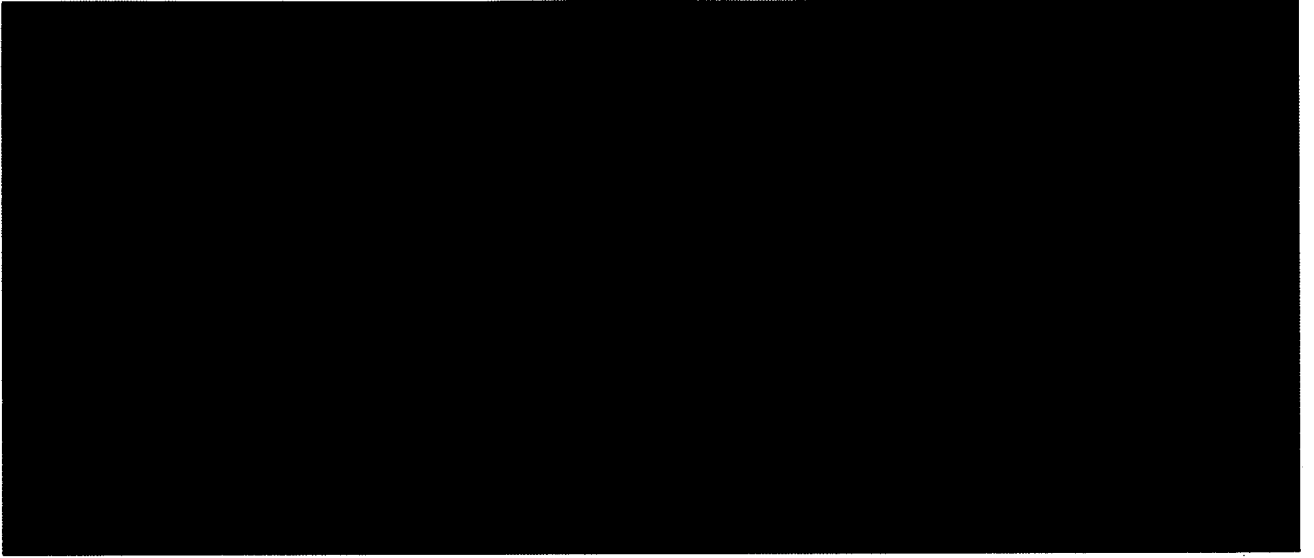


CLOTHING



CLEANLINESS





Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

- 1. Diarrhea
- 2. Vomiting
- 3. Jaundice
- 4. Sore throat with fever
- 5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

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

- 1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
- 2. Work restrictions or exclusions that are imposed upon me; and
- 3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Responsible Transportation Employee Name (please print) _____

Signature of Employee _____ Date _____

Signature of Representative _____ Date _____

Responsible Transportation Employee Illness Log

Food Code Requirements:

1. **Training:** Food employees¹ must be trained to report vomiting or diarrhea symptoms to the Person in Charge.
2. **Reporting:** Food employee must report symptoms of vomiting or diarrhea to the Person in Charge.
3. **Documentation:** Document on this or similar illness log when food employees report symptoms of vomiting or diarrhea.
4. **Exclusion:** Exclude food employees with vomiting or diarrhea from working in the establishment.

Date (s) missed work	Employee name	Diarrhea	Vomiting	Date returned to work

¹ A "food employee" means an individual working with unpackaged food, food equipment or utensils, or food contact surfaces.