

Reporting agreement

The purpose of this agreement is to inform the employee of their responsibility to take appropriate steps of preclusion by accurately reporting current health conditions as it pertains to food-related illness and the transmission of foodborne illness.

The employee will report the following to the Person in Charge (PIC).

1. An onset of the following symptoms, including the date and location of onset

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Exposed/infected cuts, burns or wounds with pus

If the employee experiences these symptoms at work, he or she should stop working immediately, report the symptoms to the PIC and see a health practitioner.

If the employee experiences the symptoms at home, they should notify management and avoid working until the designated time has passed based on diagnosis.

2. A medical diagnosis, including:

- a. Norovirus
- b. Typhoid fever (*salmonella typhi*)
- c. Shigellosis (*shigella spp.*)
- d. *E. Coli* 0157:H7 or other Shiga toxin-producing *E. Coli* (STEC) infection
- e. Nontyphoidal *salmonella*
- f. Hepatitis A

If the employee is restricted from work, they are permitted to work in limited capacities (non-food handling, non-utensil handling).

If the employee is excluded from work, they are not permitted to work and cannot return until approval from a health practitioner is received.

3. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.

4. A household member diagnosed with norovirus, typhoid fever, shigellosis, hepatitis A or other STEC infection.

5. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.

I have read [or had explained to me] and understand the requirements concerning my responsibilities under the Food Code and this agreement. I understand these safety procedures are in place to protect me, other employees, the establishment and consumers. I understand that failure to comply with the terms of this agreement could lead to action being taken by the food establishment or the regulatory authorities. I understand that noncompliance with this agreement may jeopardize my employment.

Employee Name: _____ Date: _____

Signature of Employee: _____ Date: _____

Printed PIC Name: _____ Date: _____

Signature of PIC: _____ Date: _____

Source: [U.S Food and Drug Administration Employee Health and Personal Hygiene Handbook 2020.](#)

