



Environmental Health and Safety
 Program in BioSafety and Environmental Health
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Food Employee reporting Form

The purpose of this agreement is to ensure that Food Employees take appropriate steps to preclude the transmission of food borne illness. Any questions, please contact Larry Davis or Maureen O'Leary at 545-2682.

I AGREE NOT TO HANDLE ANY FOOD, BEVERAGE OR FOOD CONTACT SURFACES SUCH AS PANS, UTENSILS, DISHES AND PAPERGOODS IF I HAVE THE FOLLOWING:

A. SYMPTOMS

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice (Yellowish discoloration of skin or eyes)
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

B. MEDICAL DIAGNOSIS WITHIN THREE MONTHS

Whenever diagnosed as being ill with *Salmonella Typhi*, *Shigella spp.*, *Escherichia coli 0157:H7* and other Enterohemorrhagic *Escherichia coli (EHEC)*, *Hepatitis A virus*, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, *Hemolytic Uremic Syndrome*, *Salmonella spp. (non-typhi)*, *Yersinia enterocolitica*, *Cyclospora cayetanensis*, and any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Requirements.

C. HIGH-RISK CONDITIONS:

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

I also agree to maintain good personal hygiene practices such as washing hands for twenty seconds before starting work, after handling money, using the restroom, use of tobacco, eating, drinking, or touching the mouth, face, hair, after any break and before putting on gloves.

Food Employee (please print)

 Signature of Food Employee _____ Date _____

 Signature of Permit Holder's Representative _____ Date _____