



SC7
fitness
to work
assessment
form

SC7 fitness to work assessment form



Food Safety
AUTHORITY OF IRELAND

Fitness To Work

Staff should be 'fit to work' at all times. This means that they must not be suffering from, or carrying, an illness or disease that could cause a problem with food safety. People who are not 'fit to work' could spread food poisoning bacteria to food.

No food handler with gastroenteritis should work while they have symptoms.

Any member of staff who has diarrhoea and/or vomiting must by law report it to their manager immediately. They may be asked to stay at home or go home straight away and consult their doctor. They may be given a different job which does not involve direct contact with food or working in areas where food is stored or handled. Staff should also tell their manager if they have any cuts or sores. People suffering from these symptoms often carry food poisoning bacteria on their hands and can spread them to food or equipment they touch.

The law puts the responsibility on employers to satisfy themselves that no food handlers pose a risk to food safety.

If staff are not 'fit to work', move them out of food handling areas or send them home. Throw away any unwrapped foods they have handled.

Staff who have had diarrhoea and/or vomiting should not return to work until they have had no symptoms for 48 hours*. Even if the diarrhoea and vomiting has stopped, someone can still carry food poisoning bacteria for 48 hours afterwards.

Cuts and sores should be completely covered with a brightly coloured waterproof dressing. This is to prevent bacteria from the cut or sore spreading to food.

The fitness of the food handler to work should be checked before they are employed or before they return to work after illness. It is recommended that an assessment is carried out for all existing employees.

Further guidance on this subject is contained in the Health Protection Surveillance Centre (HPSC) publication "Preventing Foodborne Disease: A focus on the Infected Food Handler" (April 2004) and "Infectious Intestinal Disease: Public Health & Clinical Guidance" (July 2012).

For further information see www.hpsc.ie or phone (01) 8765300.

* This exclusion time may be longer depending on the food poisoning bacteria. Check with your local Department of Public Health.

SC7 - Fitness To Work Assessment Form



This form may be used for existing food handlers, for new food handlers on recruitment and for return of food handlers to work after illness.

Name of Employee: *A Jones* Date of Assessment: *16/06/08*

Reason For Assessment: (Tick Box)

- Existing food handler
- Pre-employment assessment
- Return to work after illness

1. Have you suffered from diarrhoea and/or vomiting within the last 48 hours? ~~YES/NO~~
If **no**, have you in the last 48 hours taken any medication to control diarrhoea and/or vomiting? ~~YES/NO~~
2. At present are you suffering from:
 - i) infected wounds, skin infections or sores? ~~YES/NO~~
 - ii) boils, styes or septic fingers? ~~YES/NO~~
 - iii) discharge from eye, ear or gums/mouth? ~~YES/NO~~
3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? ~~YES/NO~~
4. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? ~~YES/NO~~

If the answer to any question is 'yes', the individual should not be permitted to handle food or enter food handling areas if there is any likelihood of direct or indirect contamination. Further advice should be sought e.g. from your Environmental Health Officer and/or Doctor.

Action Taken

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Sent home and referred to GP
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Owner/Manager: *E Chartres* Date: *16/06/08*

I hereby declare that the information I have given is correct and I undertake to notify my employer/manager if I suffer from any of the above illnesses/conditions.

Employee: *A Jones* Date: *16/06/08*

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Name of Employee: Date of Assessment:

Reason For Assessment: (Tick Box)

Existing food handler

Pre-employment assessment

Return to work after illness

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If **no**, have you in the last 48 hours taken any medication to control diarrhoea and/or vomiting? YES/NO
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 - i) infected wounds, skin infections or sores? YES/NO
 - ii) boils, styes or septic fingers? YES/NO
 - iii) discharge from eye, ear or gums/mouth? YES/NO
3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? YES/NO
4. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? YES/NO

If the answer to any question is 'yes', the individual should not be permitted to handle food or enter food handling areas if there is any likelihood of direct or indirect contamination. Further advice should be sought e.g. from your Environmental Health Officer and/or Doctor.

Action Taken

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Owner/Manager: Date:

I hereby declare that the information I have given is correct and I undertake to notify my employer/manager if I suffer from any of the above illnesses/conditions.

Employee: Date: