



Food Handler's Agreement

To be discussed and completed during induction, then kept by the employing department.

Surname: Title:

First names: Date of Birth:

Job title: Department:

1 I agree to report to the Manager/Supervisor before commencing work if I am suffering from any of the following conditions:

- Diarrhoea and/or vomiting, especially if lasting more than 24 hours
- Scaling, weeping or discharging lesion(s)/skin conditions on the face, neck, hands, arms or scalp
- Finger nail infections or boils on exposed skin
- Open cuts or spots
- Any form of food poisoning e.g. confirmed or suspected salmonella
- Discharge from eyes, ears, mouth or gums.

2. I understand that upon my return to work following ill health, or a holiday, with any of these conditions I should inform the Manager/Supervisor.

3. I agree to report to the Manager/Supervisor before commencing work if any member of my household or close contact is unwell with diarrhoea and/or vomiting lasting more than 24 hours.

4. If symptoms persist and I suspect that I have food poisoning I should attend my GP to confirm it.

5. I also understand that I must as a food handler:

- Practice good personal hygiene
- Maintain good hygiene standards in the work place.

Employee Signature:

Print name: Date:

Manager's Signature:

Print name: Date: