

FOOD EMPLOYEE REPORTING AGREEMENT

Public Health Division | Food & Lodging | 600 East Boulevard Ave, Dept. 325 | Bismarck, ND 58505-0250 | hhs.nd.gov | 701-328-1291

PREVENTING TRANSMISSION OF DISEASES THROUGH FOOD BY INFECTED FOOD EMPLOYEES

The purpose of this agreement is to inform Food Employees of their responsibility to notify the Person in Charge (PIC) when they experience any of the conditions listed. The Person in Charge shall report any of the following medical diagnoses to the Regulatory Authority.

I, the FOOD EMPLOYEE, agree to report to the PERSON IN CHARGE any of the following symptoms while either at work or outside of work, including the date of onset:

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

I will not return to work until at least 24 hours have passed since my last symptom of diarrhea and/or vomiting. If I report jaundice or sore throat with fever, I will return to work with approval from PIC and/or the Regulatory Authority. If I report lesions, I will protect the lesion with an impermeable cover prior to working with food.

Future Medical Diagnosis:

Whenever diagnosed as being ill with norovirus, typhoid fever (*Salmonella ser. Typhi*), salmonellosis (*Salmonella* spp. infection), shigellosis (*Shigella* spp. infection), Shiga toxin-producing *Escherichia coli* (*E. coli* O157:H7 or other 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, salmonellosis, shigellosis, STEC infection, or hepatitis A.
2. A household member diagnosed with norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under Food Code 2-201.11 and this Agreement and agree 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 this food establishment or the Regulatory Authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder's Representative _____ **Date** _____

Employee Illness Log

Instructions: This log may be used to track employee absences due to illness.

- Employees are required to notify the Person in Charge (PIC) of any of the following:
 - Symptoms of vomiting, diarrhea, jaundice, sore throat with fever, and/or infected wounds
 - Diagnosis from a health practitioner of norovirus, hepatitis A, *Shigella*, *Salmonella* Typhi, nontyphoidal *Salmonella*, or Shiga toxin-producing *E. coli*. The PIC is required to record all reports of symptoms and diagnoses and to notify the Regulatory Authority of any of the diagnoses.

Report Date	Employee Name	Vomiting*	Diarrhea*	Jaundice	Fever	Respiratory (cough, sore throat, runny nose)	Comments or Additional Symptoms	Date Returned to Work	Diagnosed with a Pathogen*? See the list above. Notify the Regulatory Authority.	If Diagnosed, 1-800-472-2927 or Local Health Agency Contacted?
02/20/2020	John Doe	X	X				Sent home	03/01/2020	Yes – norovirus	Yes

***Employees with diarrhea or vomiting CANNOT RETURN TO WORK for at LEAST 24 HOURS after symptoms resolve. If diagnosed with a pathogen, employees CANNOT RETURN TO WORK without the approval from the Regulatory Authority.**