



Appendix K

Bare Hand Contact Application

Please type or print legibly using black or blue ink

1. Establishment Name: _____

2. Establishment Address: _____

3. Responsible Person: _____

4. Phone #: _____ Alternate Phone #: _____

5. Fax #: _____ Email: _____

6. List Procedure and Specific Ready-To-Eat-Food to be considered for bare hand contact use with Ready-to-Eat Food:

The below items must be adhered to:

7. Hand Washing Sink:

(A) A hand washing sink shall be located immediately adjacent to the posted bare hand contact procedure and the hand sink is maintained as specified in 5-202 of these Regulations.

YES NO *(Include diagram, photo or other information)*

(B) All toilet rooms shall have one or more hand washing sinks in, or immediately adjacent to them, and the sinks are equipped and maintained as specified in Chapter 6-202.14 and 6-601.18 of these Regulations.

YES NO *(Include diagram, photo or other information)*

8. Employee Health Policy:

The written employee health policy must be attached to this form along with documentation that food employees and conditional employees acknowledge their responsibilities as specified in Chapter 2-301, 2-302 and 2-303 of these Regulations.

9. Employee Training:

(A) Written documentation shall be provided that food employees have received training in the following:

- (1) The risks of contacting the specific ready-to-eat foods with bare hands.
- (2) Personal health and activities as they relate to diseases that are transmissible through food.

(B) Proper hand washing procedures shall include how, when, where to wash, & fingernail maintenance as specified in Chapter 2-301.12, 2-301.13, 2-301.14, and 2-302.11 of these Regulations.

(C) Jewelry shall only be worn as specified in Chapter 2-303.11 of these Regulations.

(D) Good hygienic practices shall be maintained as specified in Chapter 2-401.11, and 2-401.12 of these Regulations.

10. Documentation of Hand Washing Practices: Written documentation shall be maintained, and upon request be made available to the Health Authority, that food employees are following proper hand washing procedures prior to food preparation and other procedures as necessary to prevent cross-contamination during all hours of operation when the specific ready-to-eat food is prepared or touched with bare hands.

11. Documentation of Additional Control Measures: Written documentation shall be maintained, and upon request be made available to the Health Authority, to demonstrate that food employees are utilizing two or more of the following control measures when contacting ready-to-eat foods with bare hands:

- (A) Double hand washing
- (B) Use of nailbrushes
- (C) Use of hand antiseptic after hand washing
- (D) Incentive programs such as paid leave encouraging food employees not to work when they are ill
- (E) Other control measures as approved by the Health Authority.

Statement of Compliance:

I certify all of the following: All food employees are individually trained in the risks of contacting ready-to-eat food with bare hands, personal health and activities as they relate to diseases that are transmissible through food, proper hand washing procedures, prohibition of jewelry, and good hygienic practices.

A record of this training is kept on site. I understand that bare hand contact with ready-to-eat food is prohibited except for those items listed in Section 6 above. A hand washing sink is located immediately adjacent to the posted bare hand contact procedure. All hand washing sinks are maintained with hot water, soap, and drying devices. I understand that documentation is needed for hand washing practices and additional control measures. I understand that records to document hand washing are kept current and kept on site.

**LEGAL REPRESENTATIVE
OF FACILITY:** _____

Printed Name

SIGNATURE: _____ **DATE:** _____

Health Authority Use Only:

Permit Number: _____

File Review Conducted on History of Hand Washing Compliance: YES NO Comments: _____

Site Visit Conducted YES NO Comments: _____

Approved: Effective Date: _____

Not Approved: Date: _____ Reason for Denial: _____

Health Authority Representative: _____

Printed Name and Signature