



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Food Protection Section

29 HAZEN DRIVE, CONCORD, NH 03301-6527

603-271-4589

Fax: 603-271-4859 TDD Access: 1-800-735-2964



RE: Inspection Report Item #2 Employee Health:Management and food employee knowledge, and conditional employee; responsibilities and reporting.

In order to be in compliance, with Inspection Report Item #2 Employee Health:Management and food employee knowledge, and conditional employee; responsibilities and reporting.

The following criteria must be met:

- 1.) The PIC is aware of his or her responsibility to inform food employees and conditional employees of their responsibility to report certain symptoms or diagnosed diseases to the person in charge and for the PIC to report to the regulatory authority as specified under Food Code ¶ 2-103.11(M) and ¶¶ 2-201.11 (A),(B), (C), and (E); **AND**
- 2.) The Person in Charge is aware of his or her responsibility to inform food employees and conditional employees of their responsibility to report certain symptoms or diagnosed diseases. Management should explain to food employees the importance of reporting specific symptoms and any diagnoses or exposures to foodborne illness. Things to be reported to management include:
 - Vomiting, diarrhea, jaundice, sore throat with fever, or any exposed boil or open, infected wounds or cuts on the hands or arms;
 - An illness diagnosed by a health practitioner that was caused by: *Salmonella* Typhi or typhoid-like fever, *Shigella* spp., Norovirus, hepatitis A virus, *E. coli* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli*;
 - Past illnesses with typhoid-like fever within the past 3 months, unless treated with antibiotics; and
 - Exposure to typhoid-like fever, shigellosis, Norovirus, hepatitis A virus, *E. coli* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli*, by eating or serving food that was implicated in a foodborne illness outbreak or if residing with a diagnosed individual.

Satisfactory compliance may be documented by completion of Form 1-B, Conditional Employees or Food Employees Reporting Agreement, in Annex 7 of the 2009 Food Code for each employee. A sample of this form is available on page 2 of this document or is available at <http://www.fda.gov/> **OR-**

3.)In lieu of form 1B, the establishment may demonstrate compliance by:
 - a) Presenting evidence such as a curriculum and attendance rosters documenting that each employee has completed a training program which includes all the information required on Form 1-B regarding their reporting responsibilities; or
 - b) Implementation of an employee health policy which includes a system of employee notification using a combination of training, signs, pocket cards, or other means to convey all of the required information on Form 1-B to all food employees and conditional employees. A signed acknowledgement by the employee should be part of any employee health policy.

For more information about employee health, contact the State of New Hampshire Food Protection Section at foodprotection@dhhs.state.nh.us or 603-271-4589

Form 1-B Conditional Employee or Food Employee Reporting Agreement Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to norovirus, *Salmonella* Typhi, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset

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

Future Medical Diagnosis:

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

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement 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 the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____