

FORM
1-B

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on illness due to **Salmonella Typhi**, **Shigella** spp.,
Shiga toxin-producing **Escherichia coli**, and Hepatitis A Virus

The purpose of this agreement is to ensure that Food Employees 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:

FUTURE SYMPTOMS and PUSTULAR LESIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part
(such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), Shiga toxin-producing *Escherichia coli* infection (*Escherichia coli* O157:H7), or hepatitis A (hepatitis A virus)

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to Shiga toxin-producing *Escherichia coli*, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* 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 high-risk conditions 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.

Applicant or Food Employee Name (please print) _____

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

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