

Food Employee Reporting Agreement

6 CCR 1010-2 (2-2)

The purpose of this agreement is to ensure that food service employees notify the person in charge when they experience any of the following conditions. The person in charge should then take appropriate steps to prevent the transmission of foodborne illness, as per Colorado Retail Food Establishment Rules and Regulations, Section 2-2 Employee Health.

I agree to report to the person in charge if I ever have any of the following:

- **Symptoms of:**
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever
 - Lesions containing pus on the hand, wrist, or any exposed body part, such as boils and infected wounds, no matter how small they are
 - Persistent coughing, sneezing, or runny nose that causes discharges from the eyes, nose, or mouth
- **Medical diagnosis of:**
 - Ill with typhoid fever (Salmonella Typhi)
 - Even if previously diagnosed with this illness within the past three months
 - Shigellosis (Shigella spp.)
 - Enterohemorrhagic or Shiga Toxin-producing Escherichia coli infection (E. coli o157:H7)
 - Hepatitis A virus
 - Norovirus
 - Other enteric bacterial pathogens such as Salmonella or Campylobacter
- **High-risk condition of:**
 - Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, Norovirus, or hepatitis A.
 - Exposure to a household member diagnosed with typhoid fever, shigellosis, E. coli O157:H7 illness, Norovirus, or hepatitis A.

I have read or had explained to me and understand my responsibility to comply with:

- Reporting any of the above conditions, symptoms, or medical diagnoses.
- Work restrictions or exclusions which may be imposed upon me to prevent the transmission of foodborne illness.
- Good hygienic practices (e.g. washing hands after using the restroom; upon re-entering the kitchen; whenever touching face, hair, etc.; and whenever hands may be contaminated; proper use of gloves when handling ready-to-eat foods).

I understand that failure to comply with the terms of this agreement may lead to action taken by the food establishment or by San Juan Basin Health Department (or both).

Applicant or Food Employee Name (please print) _____

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

Signature of Manager or Owner _____ **Date** _____