## Ill Food Workers Reporting Agreement

**NOTIFY** the Person in Charge immediately if you have any of these symptoms!

- Diarrhea
- Vomiting
- Jaundice
- Sore Throat with Fever
- Open cuts or infected wounds

**OR** contact with anyone who has been diagnosed with:

- Salmonella Typhi
- Nontyphoidal Salmonella
- Shigella
- E. coli 0157:H7
- Hepatitis A. or
- Norovirus

Restrict ill workers from working with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.



Exclude employees from the food establishment that are diagnosed with:

- Salmonella Typhi
- Nontyphoidal Salmonella
- Shigella
- E. coli 0157:H7
- Hepatitis A. or
- Norovirus

**Report** Jaundice and **diagnoses** of the listed disease to the Anchorage Health Department (907)343-4200



THE PURPOSE OF THIS AGREEMENT IS TO INFORM FOOD WORKERS 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:

DATE	NAME	SIGNATURE