

PERSONAL HYGIENE HOUSE RULES

Enter a statement of your Personal Hygiene House Rules in the table below:

Describe	<ul style="list-style-type: none"> Control Measures and Critical Control Limits (where applicable) Monitoring and frequency
Rules on: Effective Hand Washing Technique (including how you will minimise hand contact)	
Personal Cleanliness	
Protective Clothing	
Rules on : ➤ Reporting illness	
Rules on : ➤ Exclusion/return to Work	
Monitoring/Checking and any other appropriate records used by your business	<ul style="list-style-type: none"> Weekly Record

Signed Position in the business Date.....

The Personal Hygiene House Rules are an essential component of your HACCP based system and must be kept up to date at all times.

RETURN TO WORK QUESTIONNAIRE**PART 1** (To be completed by all Food Handlers when returning to work after an illness)

Name: Date of Return:

Please answer the following questions:

During your absence from work, did you suffer from any of the following:

Please tick and date when the symptoms ceased

	Yes	No	Date that the symptoms ceased
(a) Diarrhoea?			
(b) Vomiting?			
(c) Discharge from gums/mouth, ears or eyes?			
(d) A sore throat with fever?			
(e) A recurring bowel disorder?			
(f) A recurring skin ailment?			
(g) Any other ailment that may present a risk to food safety?			

Have you recently taken medication to combat diarrhoea or vomiting? Please tick

Yes ☐ No ☐

Signature (Food Handler)..... Date.....

PART 2 (To be completed by the Manager/Supervisor)

If the answer to all of the above questions was 'No', the person may be permitted to return to food handling duties. **(Complete and sign below)**

However, if the answer to any of the questions was 'Yes', the person should not be allowed to handle food until they have been free of symptoms for 48 hours or, if formally excluded, medical advice states that they can return to their duties. Alternatively, in the case of food handlers with lesions on exposed skin (hands, neck or scalp) that are actively weeping or discharging, they must be excluded from work until the lesions have healed. **(See PART 3)**

I confirm that.....may resume food handling duties.

Signature (Manager/Supervisor)..... Date

PART 3 (To be completed by the Manager/Supervisor after medical advice has been taken)**What medical advice was received by the employee?**

Please tick

(a) Exclusion from work until medical clearance is given	
(b) Move to safe alternative work until clearance is given	
(c) Return to full food handling duties	

If (a) or (b) is ticked, appropriate action must be taken. If (c) is ticked, the food handler may resume duties immediately.

I confirm that.....may resume food handling duties.

Signature (Manager/Supervisor)..... Date