



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Food and Recreational Safety
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EMPLOYEE REPORTING AGREEMENT

PREVENTING THE TRANSMISSION OF DISEASES THROUGH FOOD BY INFECTED EMPLOYEES

It is recommended that this document be used as an agreement between employees and management to help ensure that food employees notify the Person in Charge when they experience any of the symptoms listed below.

I AGREE TO IMMEDIATELY REPORT TO THE PERSON IN CHARGE:

Any onset of the following symptoms, while either at work or outside of work, including the date of onset of:

- Vomiting
Diarrhea
Jaundice (yellowing of eyes and skin)
Sore throat with fever
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 property covered, however small

Any professional medical diagnosis of myself or any household members or possible exposure:

- Norovirus
Shiga toxin-producing E. coli
Salmonella (nontyphoidal)
Any other pathogen that can be transmitted through food such as: Entamoeba histolytica; Campylobacter spp.; Cryptosporidium spp.; Giardia spp.; Yersinia enterocolitica; Staphylococcus aureus; Listeria monocytogenes.
Shigellosis (shigella spp.)
Hepatitis A virus
Typhoid fever (caused by Salmonella Typhi)

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin Food Code, ATCP 75 Appendix 2-201.11 and agree to comply with the following:

- Report any symptoms, diagnoses and the high-risk conditions involving those specified above.
Work restrictions or exclusions that are imposed upon returning 24 hours after symptoms (including vomiting and diarrhea) subside or with doctors approval and
Maintaining good personal hygienic practices.

I understand that I have a responsibility to follow each step listed above and that these safety procedures are in place to protect me, other employees, and our guests as well as our food facility.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ Date _____

Establishment Name _____

Signature of Permit Holder's Representative or Person in Charge _____ Date _____