

TEXAS DEPARTMENT OF STATE HEALTH SERVICES



**DIVISION FOR REGULATORY SERVICES
ENVIRONMENTAL AND CONSUMER SAFETY SECTION
POLICY, STANDARDS, AND QUALITY ASSURANCE UNIT
FOOD ESTABLISHMENTS GROUP**

FOOD ESTABLISHMENTS GROUP REGULATORY FORM

December 1, 2009

FEGRF - No. 1

Form: Conditional Employee and Food Employee Reporting Agreement

Applicable Texas Food Establishment Rules (TFER) Section: §229.163(d)

Conditional Employee and Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on illness due to Norovirus, or hepatitis A Virus, or *Salmonella Typhi*, or *Shigella* species or *E coli O157:H7* or other Shiga toxin-producing *Escherichia coli* (STEC).

The use of this form meets the requirements of the Texas Health and Safety Code §437.005(e) and the TFER §229.163(d).

This form was developed by the U.S. Food and Drug Administration and is part of the 2009 FDA Food Code. It also meets the requirements and intent of the Texas Food Establishment Rules (TFER). The form is intended to facilitate adoption of the TFER and the application of its provisions as they relate to conditional employees' and food employees' health and to food establishment inspections.

The purpose of this agreement is to inform conditional employees or food employees 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:

A. Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset

1. Vomiting
2. Diarrhea
3. Jaundice (yellowing of eyes and skin)
4. Sore throat with fever
5. 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 properly covered (*such as boils and infected wounds, however small*)

B. Future Medical Diagnosis:

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

C. Future Exposure to Foodborne Pathogens:

1. My exposure to or suspicion of causing any confirmed disease outbreak of norovirus, hepatitis A (hepatitis A virus infection) *Salmonella* Typhi (typhoid fever), shigellosis (*Shigella* species infection), *E. coli* O157:H7 or other Shiga toxin-producing *Escherichia coli*/STEC infection.
2. A household member diagnosed with norovirus, hepatitis A (hepatitis A virus infection) *Salmonella* Typhi (typhoid fever), shigellosis (*Shigella* species infection), *E. coli* O157:H7 or other Shiga toxin-producing *Escherichia coli*/STEC infection.
3. A household member attending or working in a setting where there is a confirmed disease outbreak of norovirus, hepatitis A (hepatitis A virus infection) *Salmonella* Typhi (typhoid fever), shigellosis (*Shigella* species infection), *E. coli* O157:H7 or other Shiga toxin-producing *Escherichia coli*/STEC infection.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Texas Food Establishment Rules and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure 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.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____