



**LMC 8.20.070 Preventing Contamination from Hands
Notification of Intent to have Bare Hand Contact with Ready-to-eat
Food**

Please type or print legibly using black or blue ink

Establishment Name: _____

Establishment Address(es): _____

Responsible Person: _____ **Phone:** _____

Identify the Ready-To-Eat-Food(s) that you plan to contact with bare hands and briefly describe the procedure and why other methods to prevent contamination from hands are not acceptable for this particular food/procedure.

<u>Food</u>	<u>Procedure</u>

Statement of Compliance
I certify all of the following:

This food establishment does not serve a highly susceptible population as defined in the Nebraska Food Code.

Bare hand contact with ready-to-eat will only be allowed for those foods and processes specified above and that bare hand contact with other food will be prohibited.

A handwashing sink is located immediately adjacent to the area where the bare hand contact procedure will be performed, and that handwashing sinks are maintained with hot water, soap, and drying devices.

Written policies and procedures have been established including all of the following: documentation is maintained showing that all food managers or food handlers have acknowledged that if they have vomiting or diarrhea or have any disease that are transmissible through food, they are responsible to:

- Report such symptoms or disease to the person in charge before they begin work;
- not have bare hand contact with ready-to-eat foods for 48 hours after the cessation of symptoms; and
- comply with exclusion and restriction requirements specified in the Nebraska Food Code 2-201.12 and 2-201-13.

It is my responsibility to provide training and supervision to ensure that no employee that has had vomiting or diarrhea in the last 48 hours will be allowed to have bare hand contact with ready-to-eat foods.

Food managers and food handlers have received training that prior to any bare hand contact with ready-to-eat food they must do a double hand wash.

In addition to the double hand wash, one or more of the following control measures is utilized:

- Use of an incentive program such as paid leave that assists or encourages food handlers not to work when they are ill
- Use of an approved hand sanitizer
- Use of an individual or single use disposable nail brush, or
- Use of other control measures approved by the Health Director.

SIGNATURE: _____ DATE _____
(Signature of owner or legal representative of the facility listed above)