

REQUIREMENT
Explain how hand washing will prevent cross contamination (include how, when and where handwashing will take place)
PROPOSED PROCEDURE

REQUIREMENT
Explain which two or more additional control measures will be used where bare hand contact occurs (double handwashing, nail brushes, hand antiseptic after handwashing, paid sick leave, other control measures approved by the division)
PROPOSED PROCEDURE

REQUIREMENT
Explain how management will monitor and document employee hand washing practices.
PROPOSED PROCEDURE

REQUIREMENT
Explain how management will monitor and document employee adherence to the provisions of the AOP including use of additional control measures
PROPOSED PROCEDURE

REQUIREMENT
Explain the corrective actions that management will take (for the potentially contaminated food as well as training of the worker) if the AOP is not followed.
PROPOSED PROCEDURE

TRAINING

☐ Yes ☐ No Training in the risk of contacting RTE foods with barehands, proper handwashing (how, when and where to wash hands), fingernail maintenance, prohibition of jewelry and good hygienic practices is provided to all identified employees before they begin using bare hand contact with RTE food.

☐ Yes ☐ No Employee training documentation is maintained on the premises.

EMPLOYEE HEALTH POLICY

☐ Yes ☐ No Written employee health policy including exclusions, restrictions and reporting requirements maintained on premises (copy attached to this form)

☐ Yes ☐ No Acknowledgement of health policy requirements by employees and person in charge documented

HAND WASHING / HAND WASH SINKS

☐ Yes ☐ No Accessible and conveniently located hand washing sinks are installed in all areas necessary.

☐ Yes ☐ No All hand washing sinks are provided with hot water (100°F), soap, disposable towels or hand drying devices and hand wash signs.

☐ Yes ☐ No ☐ N/A If required hand antiseptic and/or nail brushes are provided and used after proper hand washing

WRITTEN PROCEDURES

☐ Yes ☐ No Written procedures will be available at all times in the establishment and made available for review upon request.

RULES AND REGULATIONS

☐ Yes ☐ No I agree that all employees, including the operator, manager, or any supervisory position, who handle ready-to-eat foods with bare hands must comply with all requirements of the Food Code and the establishment's written alternative operating procedures.

☐ Yes ☐ No I understand that if the division or other food regulatory authority is notified of a suspected foodborne illness outbreak, the division may temporarily suspend the alternative operating procedure and enforce no bare hand contact of ready-to-eat food until a determination is made by the health authority whether a foodborne illness outbreak exists or until the origin of the foodborne illness outbreak is confirmed. If the origin of the foodborne illness, specific to the implicated establishment, is determined to be a food service employee associated outbreak, the division shall continue to enforce no bare hand contact until the establishment operator verifies completion of corrective action, including remedial training of all food preparation employees.

☐ Additional information attached

Important Note: Improper hand washing can increase the spread of infectious diseases. The Centers for Disease Control (CDC) estimates nationally that foodborne illness kills 3,000 people a year and 48 million more become ill. CDC estimates that 20 million cases of acute gastroenteritis are due to norovirus infection, and it is now thought that at least 50% of all foodborne outbreaks of gastroenteritis can be attributed to noroviruses. Strict hand washing after using the bathroom and before handling food items is important in preventing the spread of this virus.

SUBMITTED BY

I understand that I must operate my business according to these operating procedures each day the establishment is in operation.

Name (please print)	Title (please print)	
Signature		Date

*****Alternative Operating Procedures are not transferable*****

For Division Use Only

APPROVAL		
Alternative Operating Procedure	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (See Comments)

COMMENTS

Name / Title (print)	Signature	Date
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