**HEALTH CONTAMINATION LOG**

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| **Report Date** | **Employee Name** | **Observation** | **Comments/ Additional Symptoms** | **Date Returned to Work** | **Diagnosed with a Pathogen?** | | **If diagnosed, is a local health agency contacted?** | |
| **Yes** | **No** | **Yes** | **No** |
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| **CHANGE HISTORY DOCUMENT** | | | | |
| ***Doc. No.*** | FWCC-QMS-11.3.1.P0.F1 | | | |
| ***Doc. Name*** | Health Contamination Log | | | |
| ***Revision No.*** | ***Revision Date*** | ***Description of Change*** | ***Originator / Author*** | ***Title / Dept.*** |
| 0 | 20221115 | Original | Arnel Ryan | PCQI/Compliance |
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**STANDARD WORKSHEET**

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| **Step** | **Procedures** | | |
| Purpose | To implement SQF 11.3.1.1, Personnel who are known to be carriers of infectious diseases that  present a health risk to others through the packing or storage processes shall not engage in the  processing or packing of food or entering storage areas where food is exposed. | | |
| 1 | Utilize the HEALTH CONTAMINATION LOG to monitor and record employees' current health. | | |
| 2 | Record the reported date under the section " Report Date." | | |
| 3 | Indicate the employee's name to be recorded under the section "Employee Name." | | |
| 4 | Under the "Observation" section, record the observations taken from the employee. | | |
| 5 | Record the comments and symptoms observed under the "Comment/ Additional Symptoms" section. | | |
| 6 | Indicate the date from which the employee returned to work under the "Date Returned to Work" section. | | |
| 7 | If the employee was diagnosed with a pathogen, place a checkmark on "Yes," and if not, place a checkmark on "No" under the section " Diagnosed with a Pathogen?". | | |
| 8 | Under the section "If diagnosed, is a local health agency contacted?", place a checkmark if "Yes," and if not, place a checkmark on "No." | | |
| 9 | Place the completed form in a binder or file and make it available for review. | | |
|  | End of Instruction | | |
| **Training** | (1) The trainee has read or received a verbal translation of all or part of the policy, procedure, method, and or SOP for which they are being trained. (2) The trainee has observed a demonstration for the task they are to perform or the procedure for which they are being trained as required. (3) The trainee has demonstrated the ability to perform the task with acceptable proficiency and with minimal supervision as required. | | **PPE REQUIRED:**  Not Specified |
| **Signatures** | Trainee:  Date: YYYYMMDD | Trainer / Supervisor:  Date: YYYYMMDD | **EQUIPMENT REQUIRED:** Binder, File Folder, Pen |

History

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| Revision No. | Revision Date | Description of Change | Originator / Author Name | Title / Department |
| 0 | 20221115 | Original | Arnel Ryan | PCQI/Compliance |