FOOD ESTABLISHMENT TRAINING: Handwashing and Personal Hygiene	Establishment #	McHenry County Dept of Health 815-334-4585	
Establishment Name:	Risk 1 2	Time:	Date:

Training Objective: **Identify, evaluate and review food handler handwashing and personal hygiene practices.**

HANDWASHING:

Are written handwashing procedures or signage posted onsite? **YES** **NO** Signage provided? **YES** **NO**

	√	Compliant Direction
Hands and exposed arms are clean		
Fingernails cleaned and filed		
No fingernail polish or artificial nails without gloves (bar and food prep/portion staff)		
Jewelry restrictions		
Clean, running warm water		
Cleaning compound		
Rub together for 20 seconds		
Rinse-clean, running warm water		
Dry		
Barrier (paper towel) for faucet/door		

When to wash hands review ☐

Food Handler Practices:

Are ready-to-eat foods prepared onsite? **YES** **NO**

	√	Compliant Direction
Minimize direct bare hand contact to prevent disease		
Suitable barrier (glove, utensil) provided and used		
Glove/utensil use preceded by handwashing		

Illness Recognition:

	√	Compliant Direction
Nausea, vomiting, diarrhea Symptoms of illness		
Exclusion from food handling		
Reporting illness to person-in-charge and/or local health department		

Closed beverage container use review ☐

Training received by: _____ _____
Signature of Person in Charge Position

Training given by: _____
Signature of Environmental Health Practitioner

McHenry County Department of Health
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