



RISK CONTROL PLAN EMPLOYEE FOOD & DRINK

This "Risk Control Plan" is a pledge by the manager of the food establishment to implement and maintain the actions described below in an effort to gain control over a specific hazard identified at the time of inspection. The plan should remain in effect for at least 14 days as outlined in the time period below. Failure on the part of management to implement and maintain this plan during the specified timeframe may result in enforcement.

PART I: CODE REQUIREMENT [310:257-3-18(a)]

Except for closed beverage containers that prevent contamination of hands, the container and exposed food etc., an employee shall eat, drink or use any form of tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service and single-use articles; or other items needing protection cannot result.

PART II: DAILY CONTROL ACTIONS

- Manager, or designated employee, shall monitor food preparation area and other areas containing the above mentioned articles throughout the day, about every four (4) hours, to ensure food/drink/tobacco items are only in designated areas.
- Manager, or designated employee, shall ensure all staff have been educated at least once, more if needed, on this code requirement.
- A re-inspection for compliance will be conducted in approximately two weeks. This monitoring plan and all logs shall be available for review by the Health Department.

PART III: CORRECTIVE ACTIONS

If employee food, drink and/or tobacco products are identified outside of designated areas, the area shall be cleaned and sanitized properly, the item(s) moved to the designated break area, and employees educated on this practice. This corrective action, and any initial training, shall be recorded on a monitoring log.

As manager of _____

located at _____

I pledge to implement the provisions of this Risk Control Plan for the period of time from:

_____ to _____

I decline to implement a Risk Control Plan designed to prevent the re-occurrence of specific hazards.

Owner/Manager Signature Date _____

Regulatory Representative (witness) County _____ Date _____