



Food Safety: Staff

Food Vendor Staff	Details	Yes	No	N/A
Hands	Observing hand hygiene basics? (no jewelry, false or chipped nails, open cuts, band-aids etc.?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are they washing their hands thoroughly enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are they washing their hands frequently enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using alcohol-based sanitizers as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using the hand washing station properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using disposable gloves as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washing hands, using alcohol-based sanitizer or changing gloves between activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attire	Clean in person and attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hair tied back or covered with clean hat/cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sturdy, clean shoes? (no sandals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T-shirts, so buttons don't fall into work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clean aprons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	Observing DOs and DON'Ts of hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Everyone healthy, free of flu or colds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any open cuts or wounds on hands, requiring washing, first-aid and use of gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

