**RISK CONTROL PLAN**

**For**

**No Bare Hand Contact of RTE and Proper use of hand barriers of RTE**

This "Risk Control Plan" is an agreement between the management of the food establishment \_\_\_\_\_\_\_\_\_\_\_\_and the regulatory authority. It is intended to help management obtain and maintain control over a hazard. The plan must remain in effect for at least 30 days. If both parties are in agreement that the plan can be maintained and improves the frequency of handwashing, management may develop this plan into their policy.

**Risk** Failure to prevent the possibility of transmitting disease through food

**PART I CODE REQUIREMENT (3-301.11 Preventing Contamination from hands)**

**PART II DESCRIPTION OF ACTION TO ESTABLISH CONTROL**

Manager(s) will provide training instruction and materials to their employees with assistance from the regulatory authority. Monitoring plans will be developed for donning of glove procedures in conjunction with the handwash Risk Control Plan. The monitoring plans and/or log will be available to the health department for review. A compliance visit will be made for verification of the plan in approximately two days.

Staff will be trained in the frequency of hand washing, the procedures for hand washing before donning gloves, the risks of cross contamination, and the incentive recognition of hand washing. The food establishments will implement a program in which the Person in Charge will routinely monitor processes and food employees for verification of proper use of gloves, frequency of handwashing and the proper use of utensils to provide barriers from bare hands to RTE foods.

**PART III CORRECTIVE ACTION WHEN CRITICAL LIMITS ARE EXCEEDED**

Employee must immediately cease food and equipment handling and wash their hands according to code requirement. Food that may have been contaminated shall be discarded or heated to 165 degrees.

As manager of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ο I agree to implement the provisions of this Risk Control Plan for the period of time from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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Owner/Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Environmental Health

Specialist