



MONTANA WHOLESALE FOOD SAFETY

Montana Wholesale Food Program
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Revision date: 10.28.14

Food Worker/Employer Sanitation Agreement

I AGREE TO NOT WORK WITH FOOD IF I HAVE, OR RECENTLY HAD, ANY OF THE FOLLOWING:

1. Diarrhea
2. Fever
3. Vomiting
4. Sore throat with fever
5. Jaundice (yellow colored skin and eyes)
6. Skin lesions with pus on hands or arms

I AGREE TO WASH MY HANDS:

1. Before preparing food
2. After using the toilet
3. After coughing, sneezing or blowing nose
4. After eating or drinking
5. After touching arms or face
6. After handling dirty equipment or utensils
7. Before putting on disposable gloves

Name of food worker: _____

Signature of food worker	Date
Signature of food manager	Date