FORM 1-D Application for Bare Hand Contact Procedure
(As specified in Food Code ¶ 3-301.11(D))

Please type or print legibly using black or blue ink

1. Establishment Name: ___________________________________________________

2. Establishment Address: ________________________________________________

3. Responsible Person: ______________________________________ Phone: __________
   Legal Representative

Business

4. List Procedure and Specific Ready-to-Eat Foods to be considered for use of bare hand contact with ready-to-eat foods: ______________________________________

5. Handwashing Facilities:
   (a) There is a handwashing sink located immediately adjacent to the posted bare hand contact procedure, and the hand sink is maintained in accordance with provisions of the Code (§ 5-205.11, § 6-301.11, § 6-301.12, and § 6-301.14). □ YES □ NO
       (Include diagram, photo, or other information)

   (b) All toilet rooms have one or more handwashing sinks in, or immediately adjacent to, them, and the sinks are equipped and maintained in accordance with provisions of the Code (§ 5-205.11, § 6-301.11, § 6-301.12, and § 6-301.14). □ YES □ NO

6. Employee Health Policy: The written employee health policy must be attached to this form along with documentation that food employees and conditional employees acknowledge their responsibilities (§ 2-201.11, § 2-201.12, and § 2-201.13).

7. Employee Training: Provide documentation that food employees have received training in:
   • The risks of contacting the specific ready-to-eat foods with bare hands;
   • Personal health and activities as they relate to diseases that are transmissible through food;
   • Proper handwashing procedures to include how, when, where to wash, and fingernail maintenance (§ 2-301.12, § 2-301.14, § 2-301.15, and § 2-302.11);
   • Prohibition of jewelry (§ 2-303.11); and
   • Good hygienic practices (§ 2-401.11 and § 2-401.12).

8. Documentation of Handwashing Practices: Provide documentation that food employees are following proper handwashing procedures prior to food preparation and other procedures as necessary to prevent cross-contamination during all hours of operation when the specific ready-to-eat foods are prepared or touched with bare hands.
FORM 1-D (continued)

9. Documentation of Additional Control Measures: Provide documentation to demonstrate that food employees are utilizing two or more of the following control measures when contacting ready-to-eat foods with bare hands:
   • Double handwashing;
   • Use of nail brushes;
   • Use of hand antiseptic after handwashing;
   • Incentive programs such as paid leave encouraging food employees not to work when they are ill; or
   • Other control measures approved by the regulatory authority.

Statement of Compliance:
I certify all of the following: All food employees are individually trained in the risks of contacting ready-to-eat foods with bare hands, personal health and activities as they relate to diseases that are transmissible through food, proper handwashing procedures, prohibition of jewelry, and good hygienic practices. A record of this training is kept on site. I understand that bare hand contact with ready-to-eat food is prohibited except for those items listed in section four (4) above. A handwashing sink is located immediately adjacent to the posted bare hand contact procedure. All handwashing sinks are maintained with hot water, soap, and drying devices. I understand that documentation is needed for handwashing practices and additional control measures. I understand that records to document handwashing are kept current and kept on site.

SIGNATURE: __________________________________________________________ DATE: ______________________
(Signature of legal representative of the facility listed above)

Regulatory Authority (RA) Use Only:
Permit Number: __________________________________________________________
File Review Conducted on History of Handwashing Compliance: □ Yes □ No
Site Visit Conducted: □ Yes □ No Comments: __________________________________________
□ Approved: Effective Date: _________________ RA Name: ____________________________
□ Not Approved: Reason for Denial: ______________________________________________