

**Bare Hand Contact Exemption
Supplemental Application**
Please print clearly or type

1. Establishment Name: _____
2. Establishment Address: _____
3. State why the aforementioned food establishment should be considered exempt from the no bare hand contact rule. (*Attach this statement to the back of this form*)
4. List menu items to be considered exempt from the no bare hand contact rule: _____

5. List tasks using bare hand contact procedures: _____

6. List job title of positions or persons who will be monitoring, documenting and verifying handwashing procedures within the food establishment: _____

7. Handwashing Procedures:

Does the establishment applying for this exemption have a handwashing sink with hot water at least 110° F, a soap dispenser with an approved soap counter, paper towel dispenser and wastebasket available for the employees in the area where Bare Hand Contact with Ready to Eat foods will be occurring?

Does the establishment applying for this exemption have a documented handwashing policy?

Does the establishment applying for this exemption have a handwashing training program in place?

Does the establishment applying for this exemption require all employees at the establishment to complete the handwashing training program? Are training records kept to ensure all the employees completed the training?

Does the establishment applying for this exemption know what the Double Handwashing Policy is? Does the establishment enforce this policy?

Does the establishment applying for this exemption have a comprehensive written employee illness policy? Does the person in charge know what the big four foodborne illnesses are? Does the establishment document employee illness? What kind of information is documented in the illness policy?

8. An establishment applying for a Bare Hand Contact Exemption must answer yes to all of the above questions. The applying establishment must provide the Division with examples of handwashing logs, handwashing training material, handwashing policy and employee illness logs.

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand that by submitting this application and processing fee in no way guarantees that my exemption will be approved. I understand that if this exemption is approved it can be revoked immediately during any official inspection.

Please Print Name

Signature

Date

OFFICIAL USE ONLY

Date Received: _____

Permit Number: _____

Unapproved. Why: _____

Approved. Date Approved: _____