



SC7
fitness
to work
assessment
form

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Food
Standards
Agency
food.gov.uk

Fitness To Work

Staff should be 'fit for work' at all times. This means they must not be suffering from, or carrying, an illness or disease that could cause a problem with food safety. People who are not 'fit for work' could spread food poisoning bacteria to food.

Any member of staff who has diarrhoea and/or vomiting must by law report it to their manager immediately. They may be asked to stay at home or go home straight away and consult their doctor. They may be given a different job which does not involve direct contact with food or working in areas where food is stored or handled. Staff should also tell their manager if they have any cuts or sores. People suffering from these symptoms often carry food poisoning bacteria on their hands and can spread them to food or equipment they touch.

The law puts the responsibility on employers to satisfy themselves that no food handlers pose a risk to food safety.

If staff are not 'fit to work', move them out of food handling areas or send them home. Throw away any unwrapped foods they have handled.

Staff who have had diarrhoea and/or vomiting should not return to work until they have had no symptoms for 48 hours. Even if the diarrhoea and vomiting has stopped, someone can still carry food poisoning bacteria for 48 hours afterwards.

Cuts and sores should be completely covered with a brightly coloured waterproof dressing. This is to prevent bacteria from the cut or sore spreading to food.

The fitness of the food handler to work should be checked before they are employed or before they return to work after illness. It is recommended that an assessment is carried out for all existing employees.

Further guidance on this subject is contained in the booklet "Food Handlers – Fitness to Work – Guidelines for Food Business Managers", available from the Food Standards Agency Northern Ireland, Email: info@sani@foodstandards.gsi.gov.uk Telephone 028 9041 7700.

SC7 - Fitness to Work Assessment Form



This form may be used for existing food handlers, for new food handlers on recruitment and for return of food handlers to work after illness.

Name of Employee: *A Jones* Date of Assessment: *26/06/07*

Reason For Assessment: (Tick Box)

- Existing food handler
- Pre-employment assessment
- Return to work after illness

1. Have you suffered from diarrhoea and/or vomiting within the last 48 hours?..... YES/NO
If **no**, have you in the last 48 hours taken any medication to control diarrhoea and/or vomiting?..... YES/NO
2. At present are you suffering from:
 - i) infected wounds, skin infections or sores? YES/NO
 - ii) boils, styes or septic fingers? YES/NO
 - iii) discharge from eye, ear or gums/mouth?..... YES/NO
3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? YES/NO
4. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? YES/NO

If the answer to any question is 'yes', the individual should not be permitted to handle food or enter food handling areas if there is any likelihood of direct or indirect contamination. Further advice should be sought e.g. from your Environmental Health Officer and/or Doctor.

Actions Taken

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sent home and referred to GP
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Owner/Manager: *E Chartres* Date: *26/06/07*

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Employee: *A Jones* Date: *26/06/07*

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Employee: Date:

SC7 - Fitness to Work Assessment Form



This form may be used for existing food handlers, for new food handlers on recruitment and for return of food handlers to work after illness.

Name of Employee: Date of Assessment:

Reason For Assessment: (Tick Box)

- Existing food handler
- Pre-employment assessment
- Return to work after illness

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3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? YES/NO
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Pre-employment assessment	<input type="checkbox"/>
Return to work after illness	<input type="checkbox"/>

1. Have you suffered from diarrhoea and/or vomiting within the last 48 hours?..... YES/NO
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3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? YES/NO
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SC7 - Fitness to Work Assessment Form



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Name of Employee: Date of Assessment:

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