



UNIVERSITY OF MASSACHUSETTS/AMHERST
 Environmental Health &
 Safety Environmental
 Health Services
 117 Draper Hall, 40 Campus Center Way
 Amherst, MA 01003-9244
 Phone: 413-545-2682 Fax: 413-545-2600

FOOD HANDLER/VOLUNTEER AGREEMENT FORM

The purpose of this agreement is to ensure that Food Volunteers take appropriate steps to preclude the transmission of food borne illness. If you have any questions, please contact EH&S Asst. Director for Environmental Health, Alyssa Rusiecki at: 545-2682.

I AGREE NOT TO HANDLE ANY FOOD, BEVERAGE OR FOOD CONTACT SURFACES SUCH AS PANS, UTENSILS, DISHES AND PAPERGOODS, IF I HAVE THE FOLLOWING:

A. SYMPTOMS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice (yellowish discoloration of skin or eyes)
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

B. MEDICAL DIAGNOSIS WITHIN THREE MONTHS:

Whenever diagnosed as being ill with *Salmonella Typhi*, *Shigella spp.*, *Escherichia coli 0157:H7* and other Enterohemorrhagic *Escherichia coli (EHEC)*, *Hepatitis A virus*, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, *Hemolytic Uremic Syndrome*, *Salmonella spp. (non-typhi)*, *Yersinia enterocolitica*, *Cyclospora cayetanensis*, *Norovirus* and any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Requirements.

C. HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A.
2. A household member diagnosed with typhoid fever, shigellosis or illness due to E. coli O157:H7, Norovirus or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A.

I ALSO AGREE TO MAINTAIN GOOD PERSONAL HYGIENE PRACTICES SUCH AS WASHING HANDS FOR TWENTY SECONDS BEFORE STARTING WORK, AFTER HANDLING MONEY, USING THE RESTROOM, USE OF TOBACCO, EATING, DRINKING, OR TOUCHING THE MOUTH, FACE, HAIR, AFTER ANY BREAK, AND BEFORE PUTTING ON GLOVES.

Every person who is handling food for this event must sign his/her own form and keep it at the event table; immediately following the event, place all of the signed Agreements in an envelope and send via campus mail to EH&S, 117 Draper Hall, Umass.

GROUP NAME: _____

EVENT NAME: _____ EVENT DATE(S): _____

Volunteer (please print): _____

Signature of Volunteer: _____ Date _____

Signature of Caterer/Vendor, if applicable: _____ Date _____

