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## GOOD MANUFACTURING PRACTICES (GMP)

### Personal Hygiene:

- Use hand-wash sink upon entering the facility.
- Wet your hands with running water and apply soap.
- Lather the backs of your hands, between fingers and under nails.
- Scrub your hands for at least 20 seconds.
- Rinse thoroughly, use paper towels to dry hands.

### Health Standard Operating Procedures (SOP)

- I agree to report to the manager when I have diarrhea, vomiting, Jaundice (yellowing of the skin and/or eyes), sore throat with fever, infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part.
- I agree to report to the manager when I have Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. Infection, E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection), Hepatitis A. *Note: the manager must report to the Health Department when an employee has one of these illnesses.*
- I agree to report to the manager when I have been exposed to any of the illnesses listed above through:
  - a) An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
  - b) A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
  - c) A household member attending setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having Jaundice, Norovirus, Salmonella Typhi, Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

### Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date