



**TENNESSEE DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH**

**Application for Bare Hand Contact Procedure
Submit to tnvariance.committee@tn.gov**

1) **Establishment Name:** _____

2) **Establishment Permit Number:** _____

3) **Establishment Address:** _____

4) **Responsible Person:** _____

5) **List Procedure and Specific Ready-To-Eat-Foods** to be considered for use of bare hand contact with ready-to-eat foods:

6) **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 1200-23-1.

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 1200-23-1.

YES NO

7) **Employee Health Policy:** A written employee health policy must be attached to this form along with documentation that food employees and conditional employees acknowledge their responsibilities.

8) **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
- Prohibition of jewelry
- Good hygienic practices

- 9) **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.
- 10) **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 nailbrushes
 - Use of hand antiseptic after handwashing
 - Incentive programs such as paid leave encouraging food employees not to work when they are ill

Variance Agreement

Once the variance is approved, the Department will verify the plan is being followed as part of the ongoing inspection process. If it is determined that the variance is not being followed, or if recurring deficiencies are observed, a hearing may be required. If deficiencies persist, the case shall be forwarded to the Department for consideration of continued approval or revocation of the variance.

A copy of the variance must be maintained on site and conveniently located, such that it is available for review by appropriate food employees and the Department during routine inspections.

Statement: I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the Department may nullify the variance approval. I understand this application will be returned to me if incomplete and will delay further processing. I have read and understand the Variance Agreement.

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<u>Tennessee Department of Health Use Only:</u>	
Permit Number: _____	
File Review Conducted on History of Handwashing Compliance: Yes _____ No _____	
Site Visit Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

<input type="checkbox"/> Approved: Effective Date: _____	
<input type="checkbox"/> Not Approved: Reason for Denial: _____	

Reviewer _____	