

<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p align="center"> WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health </p> <p align="center"> APPLICATION FOR APPROVAL OF BARE HAND CONTACT WITH READY-TO-EAT FOOD </p>	<p align="center">Office Use Only</p>
---	--	---------------------------------------

Pursuant to the Regulations of the Washoe County District Board of Health Governing Food Establishments, [Section 050.115 \(D\)](#), food establishment operators who **DO NOT** serve highly susceptible populations (e.g., immunocompromised, preschool age & older adults) may contact exposed, ready-to-eat (RTE) food with their bare hands if the permit holder obtains prior approval from the Washoe County Health District (WCHD), Environmental Health Services Division. To be considered for approval, the permit holder must submit this application form, along with the documents and requirements listed below. An approval is limited to the specific RTE food listed on this application form and does not constitute a general approval to use bare hand contact with RTE foods throughout the entire food facility.

Ready-to-Eat Food includes:

- Any food item which does not need to be cooked;
- Any food item that has already been cooked (e.g., a cooked ground meat patty);
- Fruits and vegetables, whether raw or cooked;
- Time/Temperature Control for Safety (TCS) food that has been cooked and cooled;
- Plant food that does not require further washing and processing;
- Plant food from which rinds, husks or peels have been removed;
- Bakery items for which further cooking is not required;
- Dry fermented sausages, salt cured meats and poultry, dried meat and poultry products; or
- Thermally processed low-acid foods packaged in hermetically sealed containers.

Facility Name: _____ Health Permit #: _____

Facility Address: _____ City: _____ State: NV Zip: _____

Person in Charge: _____ Title: _____

Phone: () _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

List all Certified Food Protection Managers including Certification Program, Certification # & Expiration Date:

Application Process:

1. Provide a statement as to why the above food establishment should be approved to have bare hand contact with RTE foods and how this requirement will impact the quality, appearance, or integrity of your food product(s). The following examples may be used to support this statement:
 - a. Specific reasons why alternatives to bare-hand contact were judged to be impractical in the facility.
 - b. Documentation of consistent compliance with critical requirements (e.g., inspection reports, third party audits, etc.).
2. Attach to this application the following items:
 - a. A copy of your current menu.
 - b. Your proposed written procedures for bare hand contact that includes the following:
 - i. List each recipe, RTE food and/or RTE food preparation process where you wish to have contact with bare hands.
 - ii. List the work station(s) where RTE food will be handled with bare hands.
 - iii. List the employee position(s) that will be handling RTE food with bare hands.
 - iv. Documentation that a Food Safety Training Program is in place for all of your employees that will be handling RTE foods with bare hands. This Food Safety Training Program must teach personal hygiene, how to prevent cross-contamination, proper food storage, thawing, cooking, hot-holding, re-heating, and sanitation of food equipment, utensils and food preparation surfaces.
 - v. Documentation that hands are washed before food preparation and as necessary to prevent cross-contamination during all hours of operation when approved RTE foods are prepared. Monitoring methods may include hand wash logs or automatic counters.
 - vi. List job title of positions or persons who will be monitoring, documenting, and verifying hand washing procedures within the food establishment.
 - vii. Provide a written action plan that will be followed when foods or hands become contaminated.
 - viii. Specify how often you will update this plan. Recognize that your recipes may change, staff members may change (e.g., CFPM), or that you may need to change various parts of this plan whenever necessary.
 - c. Diagrams and other information showing the location of all hand washing facilities and applicable work station(s) where bare hand contact with RTE foods will be conducted. Diagrams must indicate that hand washing facilities are easily accessible and in close proximity to the work station(s) where bare hand contact with RTE foods will be conducted.
 - d. A written employee health policy that documents the following:
 - i. Food employees acknowledge that they have been informed to report information about their health and activities as they relate to gastrointestinal symptoms and diseases that are transmittable through food as per [Section 030.020](#).

- ii. Food employees and the person in charge acknowledge their responsibilities for notification as per [Section 030.020](#).
- iii. Documentation that food employees acknowledge that they have received training in the following:
 - 1. The risks of contacting the specific RTE foods with their bare hands;
 - 2. Proper hand washing techniques as per [Section 030.030](#);
 - 3. When to wash their hands as per [Section 030.035](#);
 - 4. Where to wash their hands as per [Section 030.040](#);
 - 5. Proper fingernail maintenance as per [Section 030.050](#);
 - 6. Prohibition of jewelry as per [Section 030.055](#); and
 - 7. Good hygienic practices.
- iv. An employee illness log is in place within the food establishment.
- e. A written policy that documents those food employees contacting RTE foods with bare hands will use two or more of the following control measures to provide additional safeguards to hazards associated with bare hand contact.
 - i. Double hand washing;
 - ii. Nail brushes;
 - iii. A hand antiseptic after hand washing as per [Section 030.045](#);
 - iv. Incentive program such as paid sick leave that assist or encourage food employees to not report to work while ill; or
 - v. Other control measures approved by the WCHD.
- f. A written policy that documents the corrective actions that will be followed when requirements associated with Subsection 2(e) above are not followed.

Please sign and date below:

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand that submitting this application in no way guarantees that my request will be approved. I understand that if this request is approved, violations of the policies specified in this request may result in action initiated by the WCHD to withdraw the approval.

Print Name

Signature

Title

Date