

## TOOL 5 - EMPLOYEE LIST FORM

**Purpose:** To identify all current and past employees who worked at the Food Establishment to assist in information collection by Health/Regulatory Authorities and for the Food Establishment Owner/Operator/Manager's use.

**Instructions:** To be completed by Food Establishment.

### OWNER/OPERATOR/MANAGER DURING THE PERIOD

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

(Time frame to be designated by the Regulatory/Health Authority)

FOOD ESTABLISHMENT NAME: .....

ADDRESS: .....

FOOD ESTABLISHMENT CONTACT: .....

PHONE NUMBER: .....

**EMPLOYEE LIST FORM**

**CURRENT EMPLOYEES**

(Time period to be defined by the Regulatory/Health Authority as \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yy))

NAME	EMPLOYEE ADDRESS	Phone Number (Home)	Phone Number (Cell)	Date of Birth (mm/dd/yy)	Work at other food establishments?		Ill during this time frame? Y/N
					Y/N	Local Address	

