

# Risk Control Plan: Poor Personal Hygiene *Handwashing Example*

## Establishment information

| **Establishment Name** | **Address** | **City, State, ZIP code** |
| --- | --- | --- |
| ABC Restaurant | 123 Main Street SE | City, MN 5xxxx |

| **Primary Contact** | **Phone and Email** | **Food License #** |
| --- | --- | --- |
| John Doe | xxx-xxx-xxxx [john.doe@abc.com](mailto:john.doe@abc.com) | 12345 |

## Specific observation(s) noted during inspection

See inspection report(s) for more details.

* Prep cook did not wash hands after handling raw chicken then switched to making ready-to-eat salads.
* Server did not wash hands upon returning to the kitchen after taking out the garbage.
* Fry cook did not wash hands immediately before starting to work with food and utensils.\*
* Handwashing sink near fryer has access blocked with boxes.\*
* Soiled utensils are in handwashing sink in dishwashing area.\*
* Soap dispenser at handwashing sink in dishwashing area is empty\*.

*Items with an \* (asterisk) are repeat violations.*

## Applicable code violation(s)

4626.1110(A) **Using Handwashing Sink** 5-205.11(A)

4626.0075(A)(1) **When to Wash Hands** 2-301.14(A)(1)

## What is the risk factor to be controlled?

Poor Personal Hygiene

## Hazard(s)

### Most significant

*Listeria monocytogenes,* Shiga toxin-producing *E. coli* including *E. coli* O157:H7; *Salmonella,* *Campylobacter jejuni, Staphylococcus aureus, Shigella*, norovirus, hepatitis A virus, other enteric bacterial, viral, or parasitic pathogens.

## What must be achieved to gain compliance in the future?

Establish procedures to confirm good hygienic practices are followed.

## How will Active Managerial Control be achieved?

|  |  |
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| **Risk Control Plan element** | **Active Managerial Control details** |
| Who is responsible for the control? | List Person in Charge (PIC) for each shift:  **Name and Role**: John Doe, Day shift lead  **Name and Role**: Jane Doe, Evening shift lead  **Name and Role**: Bob Doe, Weekend shift lead |
| What monitoring and record keeping is required? | Ensure employees properly wash hands when required.  Ensure handwashing sinks are properly supplied, functioning, and accessible.   1. The PIC will observe hand hygiene practices for approximately 10 minutes during each shift. This will include during busier preparation times. Tally the number of proper practices. Tally the number of improper practices and missed opportunities. 2. Record results on the [Hand Hygiene Log (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handhyglog.pdf). 3. Include any corrective action on the Hand Hygiene Log. |
| Who is responsible for monitoring and completing the records? | The PIC listed above for each shift.  When the listed PIC is not present, assign the duty to a trained employee. |
| What corrective actions should be taken when deviations are noted? | **Take corrective actions**   * The PIC will identify missed opportunities or improper procedures and obtain corrective actions as necessary. Corrective actions may include disposal of food products, reheating food products, or stopping activities to redirect employees.   + If employees do not wash hands when required, the PIC will stop the activity and instruct the employee to wash hands.   + If employees do not wash hands properly, the PIC will stop the activity and retrain the employee on proper handwashing procedures.   + If the area around the handwashing sinks is blocked or used for any other purposes, such as soiled utensils, the PIC will have the employee clear the area. The PIC will instruct the employee to keep the area clear and not use the handwashing sinks for any other purpose.   + If handwashing sink is missing supplies, the PIC will instruct an employee to refill.   **Address the root cause**   * Evaluate active managerial oversight of employee handwashing practices and increase as necessary. * Review kitchen activities and layout to determine why employees are not following proper handwashing practices. * If needed, determine why areas around handwashing sinks are blocked or items are in the handwashing sinks. * Promote long-term compliance by training employees on procedures. |
| Who is responsible for training and what topics will be included in training for controlling this risk factor? | The PIC is responsible for training. The duties of the [Person in Charge (PIC) (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/picfs.pdf) include:   * Employees are properly trained in food safety as it relates to their assigned duties.   The PIC will train staff responsible for controlling the risk factor on:   * Importance of proper handwashing. * Proper handwashing procedures. * Importance of keeping handwashing sinks stocked and accessible.   Staff responsible for controlling the risk factor will be able to state personal hygiene requirements as summarized in:   * [Employee Personal Hygiene (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/emphygienefs.pdf) fact sheet * [Handwashing for Employees (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf) fact sheet * [Stop, Wash, Work Handwashing Poster (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handwash11x8.pdf) |
| What skills will the employee(s) learn? | Staff responsible for controlling the risk factor will demonstrate these skills to PIC:   * When to wash your hands. * How to wash your hands. * Where to wash your hands. |
| How long is the plan to continue? | 30 days |

## How will the results of implementing the Risk Control Plan be communicated back to the inspector?

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| The [Hand Hygiene Log (PDF)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handhyglog.pdf) will be emailed to my Inspector each Friday for the next four weeks.  Inspector email address: your.inspector@agency.gov |

## Agreement

As the person in charge, I have voluntarily developed this risk control plan, in consultation with my Inspector, and understand the requirements of this plan.

| **Establishment PIC signature** | **Date** |
| --- | --- |
| *John Doe* | 01/01/2023 |

| **Health department representative Name/signature** | **Date** |
| --- | --- |
| Your Inspector, REHS/RS Your Inspector | 01/01/2023 |

## Resources

[Employee Personal Hygiene (PDF) (https://www.health.state.mn.us/communities/environment/food/docs/fs/emphygienefs.pdf)](https://www.health.state.mn.us/communities/environment/food/docs/fs/emphygienefs.pdf)

[Handwashing for Employees (PDF) (https://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf)

[Hand Hygiene Log (PDF) (https://www.health.state.mn.us/communities/environment/food/docs/fs/handhyglog.pdf)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handhyglog.pdf)

[Person in Charge (PIC) (PDF) (https://www.health.state.mn.us/communities/environment/food/docs/fs/picfs.pdf)](https://www.health.state.mn.us/communities/environment/food/docs/fs/picfs.pdf)

[Stop, Wash, Work Handwashing Poster (PDF) (https://www.health.state.mn.us/communities/environment/food/docs/fs/handwash11x8.pdf)](https://www.health.state.mn.us/communities/environment/food/docs/fs/handwash11x8.pdf)

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JANUARY 2023Minnesota Department of Agriculture  
Food and Feed Safety Division  
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<http://www.mda.state.mn.us/>

To obtain this information in a different format, call: 651-201-4500 or 651-201-6000.