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.

FRUM	/	/	(MM/DD/YY)					
TO	/	/	(MM/DD/YY)					
(Time frame to be designated by the Regulatory/Health Authority)								
OOD ESTABLISHN	MENT NAME:	• • • • • • • • • • • • • • • • • • • •						
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EMPLOYEE LIST FORM							
	CURRENT EMPLOYEES (Time period to be defined by the Regulatory/Health Authority as	CURREN by the Regulatory.	IT EMPLOYEES /Health Authority a	/ / / mm/dd/yy)	to (mr	/ //wm/dd/yy)	
L	ר איני איני איני איני איני איני איני אינ	Phone Number		Date of Birth	Work at	Work at other food establishment(s)	III during this
NAME	EMPLUYEE AUDKESS	(ноше)	(CeII)	(mm/dd/yy)	N/A	Local Address	time frame? Y/N

	Date of Birth (mm/dd/yy)					
PAST EMPLOYEES (Time period to be defined by the Regulatory/Health Authority as /// to // / (mm/dd/yy)	Phone Number (Cell)					
	Phone Number (Home)					
	ADDRESS					
	Last Date Worked					
	NAME					