

Farm Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

**Human Health and Hygiene Action Plan:** State clearly what you plan to do and create accountability

| Area of Food Safety Action                        | What                    | How SOP or Practice                                  | Who                         | When               | Training                              | Record  | Rank 1-3 | Check-in              |      |
|---|-------------------------|--|-----------------------------|--------------------|---------------------------------------|---|----------|-----------------------|------|
|   |                         |  |                             |                    |                                       |   |          | 1 is highest priority | Done |
|   | Policies To Reduce Risk | How is this done?<br>Is the practice or SOP written? | Who is required to do this? | When is this done? | What training is done, who, and when? | What records are kept for this action? Where? |          |                       |      |
| Hand Washing                                      |                         |  |                             |                    |                                       |   |          |                       |      |
| Toilet And Hand Washing Facilities And Sanitation |                         |  |                             |                    |                                       |   |          |                       |      |
| Sick Employees                                    |                         |  |                             |                    |                                       |   |          |                       |      |
| First Aid   |                         |  |                             |                    |                                       |   |          |                       |      |

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Blood And<br>Other Body<br>Fluids In<br>Contact With<br>Produce Or<br>Food Contact<br>Surfaces |  |  |  |  |  |  |  |  |  |
| Personal<br>Cleanliness  |  |  |  |  |  |  |  |  |  |
| Jewelry  |  |  |  |  |  |  |  |  |  |
| Finger Nails   |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Glove Use   |  |  |  |  |  |  |  |  |  |
| Personal Possession Storage                         |  |  |  |  |  |  |  |  |  |
| Break Areas:<br>Food,<br>Beverages,<br>Smoking, Gum |  |  |  |  |  |  |  |  |  |
| Visitor Policy                                      |  |  |  |  |  |  |  |  |  |