|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 「こども食堂」　自主健康管理点検表 | | | | | | | | 日付：　　　　年　　月　　日 | | |
| 会場名： | | |
| 点検事項 | | 従事者名 | | | | | | | | |
| （　○良好　☓不良） | |  |  |  |  |  |  | |  |  |
| 健康状態 | 腹痛 |  |  |  |  |  |  | |  |  |
| 胃痛 |  |  |  |  |  |  | |  |  |
| 下痢 |  |  |  |  |  |  | |  |  |
| 嘔吐 |  |  |  |  |  |  | |  |  |
| 発熱 |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
| 身だしなみ | 衛生手袋の使用 |  |  |  |  |  |  | |  |  |
| 髪型 |  |  |  |  |  |  | |  |  |
| 爪 |  |  |  |  |  |  | |  |  |
| 指先、手の傷 |  |  |  |  |  |  | |  |  |
| エプロン |  |  |  |  |  |  | |  |  |
| マスク |  |  |  |  |  |  | |  |  |
| 服装全体 |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
| 家族に体調不良者がいる | |  |  |  |  |  |  | |  |  |
| 責任者の確認欄 | |  |  |  |  |  |  | |  |  |
| メモ | |  | | | | | | | | |
| （この会場の状態等も詳しく記入する） | |  | | | | | | | | |
|  | | | | | | | | |