|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 調理等業務従事者の健康衛生チェック表 | | | | | | | |  | | | 業務責任者 | | | 衛生責任者 | | |
|  | | | | | | | |  | | |  | | |  | | |
| 実施日：令和　　年　　月　　日(　　) | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| 氏名  項目 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 下痢をしていない |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 発熱、腹痛、嘔吐をしていない |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 感染症またはその疑いはない |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 手、指、顔面に化膿性疾患がない |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 本人が感染症保菌者でない |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 調理衣、エプロン、マスク、帽子は清潔である |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 適切に手袋の着用を行っている |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 履物は清潔である |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 適切な服装をしている |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 爪は短く切っている |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 石鹸液等で爪の間や手の甲も洗浄・消毒した |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |