**PERSONNEL PRACTICES MONITORING RECORD**

Put a check in the box if OK or SATISFACTORY. Put an X in the box if something is WRONG.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **#** | **Requirement** | **Checked** | **Corrective Action** |
| 1. | Employees come to work clean and follow good personal hygienic practices during work. Ex: no eating, drinking, smoking or chewing gum. |  |  |
| 2. | No glass inside the facility. |  |  |
| 3. | Employees follow hand washing procedures and wash hands frequently when entering processing area or when hands get contaminated. |  |  |
| 4. | Employees wear designated clothing in good repair and follow clothing, footwear and headwear procedures. Ex: hair covering, clean shoes. |  |  |
| 5. | Employees report to management any injury occurred during work and cover it to prevent cross contamination. |  |  |
| 6. | Employees with a disease transmittable to food do not handle food or work in production area. |  |  |
| 7. | Employees follow traffic patterns to prevent cross contamination. |  |  |
| 8. | Visitor access to the facility is controlled. |  |  |
| 9. | Visitors follow personnel practices policy. |  |  |
| 10. | Complete as needed. |  |  |

Record verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitoring Procedure:** **[Daily]** during production, designated monitor watches to ensure each requirement is met and records it on this form.  
  
**Corrective Actions:** If requirements aren’t met, the monitor takes corrective action and records it on this form. Example: If employees do not wash their hands, they are stopped, re-trained and hands are washed before resuming to work.