

# Food Handling Personal Hygiene Log

Date

Employee Name

Position

Manager/Supervisor

Personal Hygiene Check	Yes	No	Comments/Action Taken
Washed hands before shift/start work			
Nails clean/short, no polish or false nails			
Hair restrained (hat/hairnet/cover)			
Jewelry removed (except plain band ring)			
Clean uniform/apron worn			
No signs of illness (cough, fever, sore throat)			
Proper use of gloves (if necessary)			

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Employee Signature

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Supervisor Signature