

Visitor's Health Assessment Form

1. All visitors must wear the Site provided appropriate protective clothing in production areas. Wearing jewellery is not allowed.
2. Smoking is only permitted in the designated areas.
3. The rules on hand washing to the production areas must be observed.
4. Eating and drinking are not permitted within the production areas.
5. This is a "Nut and sesame seed Free" production site.
6. The use of perfume, excessive make up, aftershave, nail varnish and the wearing of false nails are not permitted.
7. All cuts and grazes must be covered with Company issued blue coloured medical dressings.
8. In the event of fire or any other emergency, visitors are to strictly follow the instructions of their contacts or our First Response Team.
9. Please answer the following questions: please choose 'Yes' or 'No' as applicable:

Questions	Yes/No
1. Do you or have you suffered from any of the following?	
a. Typhoid / Paratyphoid / Cholera	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Dysentery	<input type="radio"/> Yes <input type="radio"/> No
c. Salmonella	<input type="radio"/> Yes <input type="radio"/> No
d. Cough with phlegm	<input type="radio"/> Yes <input type="radio"/> No
e. Discharge of the ear(s)	<input type="radio"/> Yes <input type="radio"/> No
f. Recurred cold sores / sore gums / throat	<input type="radio"/> Yes <input type="radio"/> No
g. Persistent colds, flu like symptoms (Covid-19)	<input type="radio"/> Yes <input type="radio"/> No
2. Have you suffered from any gastric illness, jaundice, vomiting or suspected food poisoning incident in the last two weeks?	<input type="radio"/> Yes <input type="radio"/> No
3. Does a family/household member have an Covid-19 complaints, illness or is a carrier of typhoid, paratyphoid or any other salmonella infection, amoebic (blood) or bacillary (bacterial) dysentery, cholera or any other infection likely to cause food poisoning?	<input type="radio"/> Yes <input type="radio"/> No
4. Have you returned from overseas travel outside of the EC., Nth. America, N. Zealand or Australia in the last month?	<input type="radio"/> Yes <input type="radio"/> No
a. If yes. Have you had any illness whilst on abroad or since your return?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you visited any food/agricultural plants in the last 24 hrs?	<input type="radio"/> Yes <input type="radio"/> No
6. Do you wear a pacemaker? (there are magnets present on the plant).	<input type="radio"/> Yes <input type="radio"/> No
7. Are you aware of any other factor related to your personal health or personal safety risk that may present a risk to food manufacture? (eg: allergies, epilepsy etc)	<input type="radio"/> Yes <input type="radio"/> No
In case of 1 or more questions positive answered, please contact your LWM contact person. In this case it is possible that access to our premises will not be granted and the visit will be cancelled.	