State of Wisconsin  Department of Agriculture, Trade, & Consumer Protection  
Department of Health & Family Services

**Bare Hand Contact Plan for Ready-to-Eat Foods**

The Wisconsin Food Code requires Ready-to-Eat Foods not to be touched with my bare hands unless an alternate plan of preventing contamination by hands is established.

**Mission:**
To Establish Active Managerial Control regarding Cross Contamination, Personal Hygiene and Employee Heath (Risk Factors and Interventions) in food operations that want to use bare hands to contact ready to eat foods.

Statistics show that improper food handling by a food employee is one of the most common cause of foodborne illnesses. However, if proper knowledge and training are present, food employees can prevent the transfer of bacteria from hands to the customer's food.

The Wisconsin Food Code states that food employees cannot handle ready-to-eat foods with their bare hands. Ready-to-eat foods are defined as foods that are in a form that will be consumed without additional washing, cooking or preparation. Employees can use tongs, utensils, deli tissue or gloves to prevent the direct contact with ready-to-eat foods. However, the Wisconsin Food Code includes an exemption that allows employees to have bare hand contact with ready-to-eat foods if an approved program is present.

The following is a step-by-step process that can be used as a template to develop a bare hand contact program.

**Step 1 - Bare Hand Contact plan**
(Attachment Plan)

**Step 2 – Training Program**

1) Description of employee training program (list the training material used and frequency of training). Employee training must include, but is not limited to the following topics.
   - Handwashing Practices
   - Cross-contamination
   - Employee Health
Attachment Plan

Bare Hand Contact Work Plan Worksheet

This plan shall be updated or reviewed at least annually, or if a menu change occurs that impacts this plan. The plan shall be readily available to your health inspector/regulator.

Establishment: __________________________
Date of Plan: __________________________
Person in Charge: _______________________
Title: _________________________________

A List the work/task areas where BHC work be allowed

B For each of the above work/task area describe how foods will be handed in this area to prevent contamination by Bare Hands.

______________________________________
Signature of Manager
Attachment Plan

Attachment 9: Employee Training Checklist

Employee Name ____________________________
Date __________________________

My signature below indicates that, for each item checked, I have received training, I understand the issue, and I agree to comply.

___ Chapter 1: Hand Washing Protocol
___ Chapter 2: Exclusions and Restrictions
___ Chapter 3: Questions and Answers
___ Chapter 5: Bare-Hand Contact Plan

________________________________________
Signature of Employee

________________________________________
Signature of Manager