

**Delaware North
Preventing Workplace Violence
Acknowledgement Form**

I acknowledge that I completed one of the following options regarding Preventing Workplace Violence training as required:

_____ Classroom
_____ Pre/Post Shift
_____ provided a copy of Preventing Workplace Violence, which was read in full. Manager was available for any questions.

Additionally, I was provided with a copy of DNC Corporate Policy 240.0 Violence in Workplace Prevention.

Associate Name: _____
(Please print)

Associate Signature: _____

Date: _____

2018 – 2019 Sportservice Food Safety

1. Name three instances when you should wash your hands.
 - 1) _____
 - 2) _____
 - 3) _____
2. What are the causes of foodborne illness? _____
3. Name the hot and cold holding temperatures
HOT: _____ COLD: _____
4. What are two ways to quickly cool food?
 - 1) _____
 - 2) _____
5. Name three safe ways to thaw frozen food.
 - 1) _____
 - 2) _____
 - 3) _____
6. Food is to be reheated to what temperature in what time frame? _____
7. What are the five steps of manually washing dishes and utensils?
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
8. How are two ways you can avoid contaminating food when handling it?
 - 1) _____
 - 2) _____
9. Where are two places food should **not** be stored?
 - 1) _____
 - 2) _____
10. What is the "danger zone" and what tool tells you if food is in the "danger zone"?

I have completed the Food Safety training program and understand all information and procedures. I will adhere in all respects to the procedures as they apply to my job. I further understand that any violation of the procedures will subject me to appropriate corrective counseling and/or remedial action, up to and including termination of employment.

Name (Please Print): _____

Signature: _____ **Date:** _____

Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The manager must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.

*If you are excluded from work you are not allowed to come to work.

**If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____



PCI Associate Acknowledgement

I have read, been given the opportunity to ask questions, and understand the Credit Card Information Handling Procedures that are referenced in this form as "Procedures." I understand that the Credit Card Information Handling Procedures are a subset of the DN Information Security Policy and can obtain this policy from my Manager, if requested.

I will adhere in all respects to the Procedures as they apply to my job. I further understand that any violation of the Procedures will subject me to appropriate corrective counseling and / or remedial action, up to and including termination of employment.

I will NOT (if applicable to my role):

- 1. Obtain or disclose any cardholder's credit card information (full or partial sixteen (16) digit credit card number, three (3) or four (4) digit validation code (usually on the back of credit cards), or PINs (personal identification numbers)) for any purpose other than in connection with the customer's transaction without the cardholder's consent.
- 2. Access, handle, view, disclose or use in any manner the credit cardholder information outside of my assigned scope of responsibility.
- 3. Transmit any cardholder's credit card information by e-mail or fax.
- 4. Place any document that contains cardholder's credit card information in the open where the document can be viewed or obtained by unauthorized personnel.
- 5. Electronically store on a company computer file or file server any cardholder's credit card information outside of Company's approved software applications and systems.
- 6. Use a Manual Credit Card Processing Device (i.e. a Knucklebuster) to process credit card payments unless instructed to do so by a member of the management team.
- 7. Share my password or swipe card for a computer / point-of-sale system or device with any other person.

I WILL (if applicable to my role):

- 1. Password-protect my computer if I have access to credit card information on a computer.
- 2. Store all physical documents or storage media containing credit card information in a locked drawer, locked file cabinet, or locked office.
- 3. Report immediately any credit card security incident to the DN Associate Hotline at 1-800-441-5645 if I know or suspect credit card information has been accessed, misappropriated, stolen or destroyed without proper authorization.
- 4. Report immediately any incident in which I believe a fellow associate or an unaffiliated third party has access to, handled, viewed or used credit cardholder data beyond the scope of their responsibility. For example, if I see credit card reports in an area where employees should not be viewing them, I will inform management personnel.
- 5. Report immediately any credit cards lost or left behind by customers to my immediate supervisor or General Manager. I will physically secure such credit cards until turned over to supervisor or General Manager.

Signature _____ Date signed _____

Print Name _____ Unit Location Name: _____



**ALCOHOL SERVICE TRAINING CERTIFICATION
ACKNOWLEDGEMENT FORM**

I hereby certify that on the date indicated below, I have completed the Company's alcohol service training, which included instruction regarding the legal responsibility that both individuals and the Company have when serving alcohol, acceptable forms of identification, signs of intoxication, and refusing or discontinuing the service of alcohol. I was given the opportunity to ask questions, had my questions answered and I understood the training content.

I understand that the following violations of the Company's Alcohol Service Policy will result in **immediate termination**, even for a single infraction:

- Serving a visibly intoxicated person;
- Serving a minor;
- Any other violation of law;
- Service of more than the allowed number of drinks to a patron; or
- Violation of the following unit service rules

of drinks allowed per patron - 2
 Hours of alcohol sale – Cutoff based upon event
 Other: No Refill of Cups

I understand that the following violations will result in **counseling and retraining** or, where an associate has a previous history of disciplinary action, may result in termination:

- Failure to ask for proper proof of age (not resulting in service to a minor);
- Any other violation of the Company's Alcohol Service Policy or unit service rules.

By signing below, I hereby certify that I: (a) understand and agreed to abide by the Company's Alcohol Service Policy; and (b) understand I will be disciplined according to the company's Alcohol Service Discipline Policy for failing to comply with the Alcohol Service Policy as indicated above, up to and including termination

Signature

Date

Print Name

Name of Volunteer Group, if applicable: _____