

WORK INSTRUCTION – Controlled Copy if Stamped / Printed Red		<b>9P – 4.1.4 &amp; 7.3.2 – TAPROOM TOUR</b>	
<b>Hygiene Rules, Health Questionnaire/Medical Screening for Glen Affric Taproom / Brewery Tour Visitors.</b>			
Author: R. Adegboye	Approved:		
Controlled Copies: 2	<b>CONTROLLED</b> Technical Manager		
Issued: 30.04.23	Version: 1	Page 1	HACCP BRC 4.1.4 & 7.3.2

**Please note that we are a food manufacturer and therefore, all staff and visitors are required to comply with our hygiene rules which include completing this health questionnaire. The information given will be kept confidential.**

### **Hygiene/General Rules**

Lightbox Manufacturing Ltd / Glen Affric Brewery Ltd takes the safety and quality of the foods we produce very seriously. We therefore ask that all visitors and contractors read and adhere to the following rules:

1. All parties must be 18 years or older to participate in this tour. By signing this form, you acknowledge that the entire party are 18 years old or over.
2. Smoking/vaping is not permitted anywhere on site except in the designated smoking shelter.
3. Food or drink must not be taken into or consumed in production, storage or changing areas.
4. No product should be touched without authorisation.
5. Do not cough or sneeze on or over any product.
6. No items of glass or hard plastic are permitted in production except for spectacles which must be worn or carried in a case. If wearing contact lenses, any loss of such should be reported immediately.
7. No nuts or peanuts, or any products containing nuts or peanuts, are permitted to be brought on the site.
8. Ensure appropriate closed toe shoes are worn, heels are not permitted.
9. Tie back any long hair, hair nets may be permitted in certain areas
10. On entering and exiting production areas, the correct procedures for personal hygiene must be followed. This is displayed on the wall in the changing rooms and the team member accompanying visitors or contractors will also advise.
11. Forklift trucks, hand pallet trucks and production staff have right of way, always be prepared to clear a path.
12. No visitor or contractor should enter production areas unless authorised by a member of the Technical Team (QA or above). Authorisation will not be granted until the medical screening questionnaire has been completed by the visitor/contractor and scrutinised by a member of the Technical Team.

**Visitor passes & high visibility vests must be worn at all times on site by visitors**

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<b>Names of party:</b> (please print)		
<b>New Employee/ Visitor</b> (Please delete)		<b>Date</b>
<b>If you tick YES to any question, please enter details below</b>	<b>Yes</b>	<b>No</b>
Have you or anything in your party left the U.K. in the last 2 months?		
Have you, anyone in your party or immediate family suffered from any of the following in the last 28 days		
• Severe Diarrhea		
• Skin Irritation		
• Boils, Styes or Septic Fingers		
• Discharge from ears, eyes, gums or mouth		
Are you or anyone in your party suffering from a heavy cold?		
Have you or anyone in your party suffered from or been a carrier of a food borne disease, Typhoid, Paratyphoid, Tuberculosis or Parasitic infections		
Is there any other reason you know of that would make you a health hazard to other people		
The following allergens are the 14 known allergens: Cereals containing gluten, Crustaceans, Eggs, Fish, Peanuts, Soyabean, Milk, Nuts, Celery, Mustard, Sesame Seeds, Sulphur dioxide & Sulphites, Lupin and Mollusc. Do you have any food or food products with any of these allergens with you?		
Do you have nuts or any food products containing nuts with you?		
<b>Detail</b>		

FIRE ALARM – If the fire alarm sounds (a loud pulsating siren) immediately follow the green fire exit signs to the Fire Assembly Point in the front yard.

CAUTION – Take care when walking on wet or slippery floors. Be aware of moving processing equipment and forklift trucks.

I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY ABILITY. I HAVE UNDERSTOOD AND AGREE TO COMPLY WITH THE ATTACHED HYGIENE RULES.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Checked \_\_\_\_\_ Date \_\_\_\_\_

<b>STAFF: Is any member of the party NOT permitted to accompany the tour? If Yes, detail below</b>	<b>Yes</b>	<b>No</b>
<b>Detail</b>		