



Employee Illness Policy

Sample for restaurant adoption based on the FDA Food Code 2026 Edition

This policy tells employees what to report and tells the person in charge how to protect food, notify the regulatory authority, limit work, and authorize return to work. It applies during every shift and before a new food employee begins work. Keep the written policy available to the regulatory authority on request.

Adoption and authority

The FDA Food Code is a model, not automatically the law in every location. Before using this sample as the establishment's policy, the permit holder must complete the site information below, confirm the locally adopted code and any stricter requirements, and obtain guidance from the regulatory authority where required. The signature below adopts the completed establishment policy; the Peak Shift logo does not indicate FDA or health-department approval.

The operative food-safety rules in this sample follow 2026 Food Code sections 2-201.11 through 2-201.13 and 2-501.11. Additional management safeguards are identified on page 10. Local law and regulatory orders control if they are stricter or otherwise differ. Do not relax a restriction or exclusion to cover a shift.

Site information	Complete before adoption
Establishment and permit number	_____
Address and jurisdiction	_____
Permit holder and policy owner	_____
Person in charge and backup	_____
Employee reporting phone and backup	_____
Regulatory authority and phone	_____
After-hours authority contact	_____
Locally adopted code and amendments	_____
Highly susceptible population status	☐ Serves HSP ☐ Does not serve HSP ☐ Agency review needed
Effective date and review date	_____

Permit holder approval and date _____

Policy copy location _____ Confidential record location _____

Do not implement with an unresolved HSP classification or an unidentified reporting contact. Page 14 provides the adoption check and source crosswalk.



What employees must report

2026 Food Code basis 2-201.11(A)(1)-(3), (E)-(F) and 2-103.11(P)

Tell the person in charge promptly, before arriving for work when possible, and immediately if a condition starts during a shift. Give the symptom or diagnosis, when it began, and the date and time of the most recent vomiting or diarrhea. Do not decide for yourself that a report is unnecessary because the restaurant is busy.

Report these symptoms

- Vomiting or diarrhea.
- Jaundice, meaning yellowing of the skin or whites of the eyes. Report when it first appeared.
- Sore throat with fever, especially an acute onset.
- An open or draining lesion containing pus, such as a boil or infected wound, if it is not properly protected. On the hand or wrist, protection requires an impermeable cover plus a single-use glove. On an exposed arm, use an impermeable cover. Elsewhere, use a dry, durable, tight-fitting bandage. The person in charge verifies the covering.

Report these diagnosed infections even without symptoms

Diagnosis from a health practitioner	Common name or clarification
Norovirus	Norovirus infection
Hepatitis A virus	Hepatitis A
Shigella spp.	Shigella infection
Shiga toxin-producing Escherichia coli	STEC; not every E. coli diagnosis is STEC
Salmonella Typhi	Typhoid fever
Salmonella other than Typhi	Non-typhoidal Salmonella

Also report typhoid fever diagnosed within the past three months if antibiotic therapy was not received, as determined by a health practitioner. Employees and conditional employees must also report the outbreak and household exposures on page 3.

What to do while waiting for instructions

If vomiting or diarrhea is present, stop food work and contact the person in charge; do not start or continue a shift unless the applicable noninfectious-condition exception has been established. Follow the person in charge's work-status instructions. A symptom caused by a known chronic condition still needs the documentation required by this policy before an exception is used.

A generic statement that an employee feels better is not a substitute for the diagnosis-specific clearance rules on pages 7 and 8. Report a new diagnosis, new exposure, recurrence of symptoms, or change in medical advice immediately.



Exposure reporting and new employees

2026 Food Code basis 1-201.10, 2-201.11(A)(4)-(5), (C) and 2-201.12(J)

Report the following outbreak and household connections

Tell the person in charge if you consumed or prepared food implicated in a confirmed disease outbreak, may be the suspected source, or ate food at an event prepared by an infected or ill person. Also report attending or working in a setting with a confirmed outbreak; living with someone you know works or attends such a setting; or living with someone you know was diagnosed with one of the infections below. Use these reporting windows measured from the last exposure.

Infection involved	Reporting window
Norovirus	Within the past 48 hours
Shigella spp. or STEC	Within the past 3 days
Typhoid fever	Within the past 14 days
Hepatitis A	Within the past 30 days

Give the last exposure date, whether exposure is continuing, the setting or household connection, and any instructions from public health. Reporting an exposure is different from reporting a diagnosis. Symptoms or a diagnosis take priority over an exposure-only decision.

Highly susceptible population

The Code definition requires both increased susceptibility and the relevant service setting: immunocompromised people, preschool-age children, or older adults obtaining food at a facility providing custodial care, health care, assisted living, or related services. Examples include a child or adult day care center, hospital, nursing home, dialysis center, or senior nutrition center. A restaurant is not automatically an HSP establishment merely because some guests are older adults. Confirm the establishment's classification with its regulatory authority.

In an HSP establishment, a food employee with a reportable exposure is restricted under 2-201.12(J), even without symptoms. In a non-HSP establishment, exposure alone does not automatically require exclusion or restriction under that paragraph; the person in charge must still assess the report, monitor symptoms, and follow public-health directions. Use page 9 for HSP exposure clearance.

Conditional employees

A conditional employee is a potential food employee who has received a conditional job offer and is asked permitted health questions or examinations in compliance with the ADA. Do not use this policy to request prohibited pre-offer medical information.

Do not allow a conditional employee with reportable symptoms, a reportable diagnosis, or the untreated typhoid history described on page 2 to become a food employee until the applicable 2-201.13 criteria are met. For an HSP establishment, also delay becoming a food employee after a reportable exposure until 2-201.13(J) is satisfied. Document the decision and do not substitute a restricted food assignment for this start-work prohibition.



What the person in charge must do

2026 Food Code basis 2-103.11(P)-(Q), 2-201.11(B)-(D), 2-201.12 and 2-201.13

Act on the report during the same shift

- Receive the report privately. Record symptoms, diagnosis, onset, last vomiting or diarrhea, exposure dates, HSP status, and any medical or public-health instructions. Do not diagnose the illness yourself.
- Stop any unsafe assignment. Apply the symptom rules on page 5 and diagnosis rules on page 6. If more than one rule applies, keep every applicable control in place until its release criteria are met.
- Notify the regulatory authority when a food employee is jaundiced or has any of the six diagnosed infections on page 2. Notify promptly; this sample sets an immediate-call management rule. Record the contact, time, instructions, and any follow-up. Follow the local after-hours procedure.
- For a conditional employee, apply the start-work prohibition on page 3. For a diagnosis or jaundice, seek agency directions on any notification obligations that apply before the person becomes a food employee.
- Assess whether food, equipment, linens, utensils, or other protected items may have been contaminated. Protect them from use, follow the establishment's written contamination-response procedure, and consult the regulator where needed.
- Give the employee clear instructions: excluded, restricted with named permitted duties, or cleared under a documented release route. Set a follow-up time. Keep the next person in charge informed of the work limit without broadcasting private medical details.
- Before any change of status, use pages 7 through 9 and the return authorization on page 13. Obtain regulatory approval and medical documentation where required. Keep the supporting records.

The work statuses mean different things

Status	What it allows
Excluded	No working as an employee in the food establishment and no entering it as an employee. Moving the person to dishwashing, prep, or the register does not satisfy an exclusion.
Restricted	No work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles. Any alternative duty must create no risk of foodborne transmission. Name and supervise the permitted task; if no safe task exists, do not assign work.
Reinstated	Return only to the duties permitted after every applicable release criterion is met and the person in charge documents the decision. A doctor's note cannot replace required regulatory approval.



Symptom decisions

2026 Food Code basis 2-201.12(A), (B), (H), (I); 2-201.13(A)(1), (B), (H), (I); 2-401.12

This page covers symptoms. A diagnosed infection, exposure restriction, or regulatory order may require a longer or different control. Do not apply the undiagnosed 24-hour rule to a diagnosed infection.

Condition	Immediate action	Release or follow-up
Vomiting or diarrhea without a listed diagnosis	Exclude, unless the symptom is from a noninfectious condition.	Reinstate after at least 24 hours without the symptom, or obtain written health-practitioner documentation that the symptom is noninfectious. Confirm no separate diagnosis or order applies.
Jaundice	Notify the authority. Exclude when onset was within the last 7 calendar days, unless written medical documentation states it is not hepatitis A or another fecal-orally transmitted infection.	If excluded under 2-201.12(B), obtain authority approval and a page 7 release route. If onset is older or unclear, seek authority direction; do not treat the absence of recent onset as automatic clearance.
Acute sore throat with fever	HSP: exclude. Non-HSP: restrict.	Written health-practitioner documentation must establish more than 24 hours of antibiotic therapy for <i>Streptococcus pyogenes</i> , at least one negative throat culture for it, or that the employee is otherwise free of that infection.
Open or draining infected wound or boil	Restrict if not properly covered.	Hand, finger, wrist: impermeable cover plus single-use glove. Arm: impermeable cover. Other body part: dry, durable, tight-fitting bandage. Verify that the covering stays intact.
Persistent sneezing, coughing, or runny nose causing discharges from eyes, nose, or mouth	Keep the employee away from exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles.	Reassign only if the discharge no longer threatens these items or a safe duty can be maintained. Assess separately for reportable illness and applicable local requirements.

Do not restart the clock by changing duties

Record the actual date and time symptoms stopped. If vomiting or diarrhea returns, exclude again and reassess. Medicines or a need for coverage do not establish that an infection has ended. A symptom-free interval alone does not clear hepatitis A, typhoid fever, or another listed diagnosis.



Diagnosed infection decisions

2026 Food Code basis 2-201.12(A)-(G) and 2-201.13(A)(2)-(5)

Notify the regulatory authority for every diagnosed infection below. First apply any current symptom rule. The population column matters even when the employee has no symptoms.

Diagnosis	With vomiting or diarrhea	Without symptoms
Norovirus	Exclude.	HSP: exclude. Non-HSP: restrict.
Shigella spp.	Exclude.	HSP: exclude. Non-HSP: restrict.
STEC	Exclude.	HSP: exclude. Non-HSP: restrict.
Non-typhoidal Salmonella	Exclude.	Restrict in both HSP and non-HSP establishments. For an employee previously excluded with symptoms, follow the adjustment rule below.
Hepatitis A	Exclude for current vomiting or diarrhea. Also apply 2-201.12(B): exclude within 14 calendar days of illness onset, within 7 calendar days of jaundice onset, or when diagnosed without developing symptoms.	Exclude a diagnosed employee who has not developed symptoms. For older or uncertain onset, obtain agency direction before a return decision.
Typhoid fever	Exclude.	Exclude, including reported typhoid in the past 3 months without antibiotic therapy as determined by a health practitioner.

Changing exclusion to restriction is not full clearance

For previously symptomatic norovirus, Shigella, or STEC, after at least 24 hours without symptoms a non-HSP employee may move from exclusion to restriction under 2-201.13(A)(2)-(4). An HSP employee remains excluded until the applicable diagnosis-specific release criteria are satisfied. Full reinstatement uses page 7 or 8 and requires regulatory approval.

Non typhoidal Salmonella needs special care

Do not use the 24-hour adjustment above for a previously symptomatic non-typhoidal Salmonella case. The published 2026 text in 2-201.13(A)(5)(a) specifies at least 30 days asymptomatic for the exclusion-to-restriction adjustment; 2-201.13(G) supplies the full-clearance routes. Obtain and record the regulatory authority's case-specific direction for any status change. Retain exclusion while symptoms persist. Do not silently substitute the wording from an older Food Code edition.

A diagnosis-clearance route does not override a different active symptom, another diagnosis, or an existing regulatory order.



Clearance for hepatitis A typhoid and norovirus

2026 Food Code basis 2-201.13(B), (C) and (D)

For each infection on this page, the person in charge must obtain regulatory-authority approval before full reinstatement. Satisfy the applicable medical or elapsed-time route as well. Record both the approval and the supporting facts; do not infer approval from a lack of response.

Hepatitis A or jaundice excluded under 2 201 12 B

Regulatory approval is required, plus one of these conditions:

- The employee has been jaundiced for more than 7 calendar days; or
- The employee has no jaundice and has had other illness symptoms for more than 14 calendar days; or
- Written documentation from a health practitioner states the employee is free of hepatitis A virus infection.

Apply other active symptom exclusions independently. The elapsed period in the second route is measured from symptom onset, not from a symptom-free date. Do not confuse hepatitis A exposure-only criteria with these diagnosed-illness or jaundice criteria.

Typhoid fever

Both regulatory approval and written documentation from a health practitioner stating the employee is free from typhoid fever are required. There is no automatic 24-hour, 48-hour, or 7-day return route for typhoid fever in this policy.

Norovirus

Regulatory approval is required, plus one of these conditions:

- Written documentation from a health practitioner states that the employee is free of norovirus infection; or
- For an employee who developed vomiting or diarrhea and was excluded or restricted after symptoms resolved: more than 48 hours have passed since the employee became asymptomatic; or
- For an employee who never developed symptoms: more than 48 hours have passed since diagnosis.

For a non-HSP employee, a permitted move to restricted duties after at least 24 hours symptom-free is not full reinstatement. For an HSP employee, retain exclusion until the applicable diagnosis-specific clearance is satisfied. See page 6.

Record the route actually used

Record dates and times, medical documentation when used, the authority representative's name, the decision, any limits, and the date and time full duty is allowed. Do not use the employee acknowledgment on page 11 as return authorization.



Clearance for Shigella STEC and Salmonella

2026 Food Code basis 2-201.13(E), (F) and (G)

All three diagnoses require regulatory-authority approval before full reinstatement. Use one applicable route below and meet the shared testing requirements whenever the medical-test route is used.

Diagnosis	Medical test route	Elapsed time route
Shigella spp.	Written health-practitioner documentation that the employee is free of Shigella infection, based on the two qualifying negative results described below.	If symptoms developed: more than 7 calendar days since becoming asymptomatic. If symptoms never developed: more than 7 calendar days since diagnosis.
STEC	Written health-practitioner documentation that the employee is free of STEC infection, based on the two qualifying negative results described below.	If symptoms developed: more than 7 calendar days since becoming asymptomatic. If symptoms never developed: more than 7 days since diagnosis.
Non-typhoidal Salmonella	Written health-practitioner documentation that the employee is free of non-typhoidal Salmonella infection, based on the two qualifying negative results described below.	For an employee restricted after vomiting or diarrhea resolved: more than 30 days since becoming asymptomatic. If symptoms never developed: more than 30 days since diagnosis. Apply the special status-adjustment rule on page 6.

The 2026 laboratory requirements

For the medical-test route for any of these three diagnoses, require **two consecutive negative laboratory test results from a validated test, using a laboratory accredited or certified to handle clinical specimens**. Results must come from stool specimens collected:

- Not earlier than 48 hours after antibiotics were discontinued; and
- At least 24 hours apart.

Obtain health-practitioner documentation identifying the relevant infection and confirming the required test results and collection timing. The 2026 wording is not limited to stool culture tests. Do not substitute a single negative test, an unverified home test, or an unexplained general return-to-work note.

Timing and continuing symptoms

The word "more than" means the stated period must have passed; it is not "at least." Record the starting event and the release time. The person in charge may not use elapsed time to override an active vomiting or diarrhea exclusion, a regulatory order, or a stricter local requirement.

When the published cross-references or facts do not clearly identify an adjustment or release route, keep the existing protective status and request a written agency determination. This is especially important for previously symptomatic non-typhoidal Salmonella.



HSP exposure clearance

2026 Food Code basis 2-201.11(C)(2), 2-201.12(J) and 2-201.13(J)

Use this page only for an employee with a reportable exposure who has no symptoms and no diagnosed infection. In an HSP establishment, restrict the food employee; do not let a conditional employee become a food employee until the applicable clearance criterion is met. If symptoms or a diagnosis develop, use the corresponding illness rule instead.

Exposure	Time based clearance condition
Norovirus	More than 48 hours since the last potential exposure, OR more than 48 hours since the household contact became asymptomatic.
Shigella spp. or STEC	More than 3 calendar days since the last potential exposure, OR more than 3 calendar days since the household contact became asymptomatic.
Typhoid fever	More than 14 calendar days since the last potential exposure, OR more than 14 calendar days since the household contact became asymptomatic.
Hepatitis A	More than 30 calendar days since the last potential exposure, OR more than 30 calendar days since the household contact became jaundiced.

Other hepatitis A exposure routes

Section 2-201.13(J)(4) also permits reinstatement when the employee is immune because of a prior hepatitis A illness, vaccination, or IgG administration. Document the qualifying basis; consult the health practitioner or authority to establish that the criterion is met rather than relying on an assumption of protection.

A further Code route combines no use of an alternative bare-hand-contact procedure for ready-to-eat food until at least 30 days after the relevant potential exposure with additional training on hepatitis A symptoms and transmission prevention, proper handwashing, and protecting ready-to-eat food from bare-hand contamination. Under this sample's management safeguard, the person in charge must obtain and document agency confirmation before using that alternative route, because the printed paragraph contains an inconsistent internal cross-reference.

Before lifting an exposure restriction

- Confirm the last potential exposure and whether household exposure is continuing. Do not count from the first exposure when later exposures occurred.
- Confirm that no symptoms, diagnosis, or public-health order now requires a different decision.
- Record the exact Code route, supporting dates or immunity information, permitted duties, and the person in charge's decision on page 13.

Section 2-201.13(J) does not itself add a universal regulatory-approval requirement to every exposure-only release. Follow any approval requirement imposed locally or in a case-specific order.



Training records and daily implementation

2026 Food Code basis 2-103.11(P)-(Q), 2-501.11 and 2-502.11

Teach the policy before food work begins

The person in charge will explain reporting duties, the reporting phone and backup, the difference between exclusion and restriction, and the return process in a language and manner the employee understands. Have food employees and conditional employees complete page 11 before beginning food duties. Verify understanding by asking what the employee would report and whom they would contact. Retrain when the policy changes and when a misunderstanding is found.

Keep the policy available and medical information private

Keep the current signed policy, site-specific amendments, training records, reporting instructions, and required response procedures available for regulatory review. Keep individual health reports and medical documentation in a separate secure record accessible only to those who need it for health decisions, required reporting, or authorized regulatory review. Do not post diagnoses on a shift board or include them in public Facebook examples.

Retain records for the period required by applicable law and the establishment's approved retention schedule. Section 2-501.11 does not specify a universal retention period; this sample does not invent one. Record custodian and retention schedule _____.

Additional management safeguards adopted with this sample

These operational rules support the policy; they are not presented as additional FDA minimums:

- Accept prompt good-faith illness reports without retaliation. Do not require finding a replacement before an employee reports illness or follows an exclusion. Management arranges coverage.
- If the person in charge cannot resolve the applicable safe work status, keep the employee out of food duties while obtaining regulatory direction. Do not use this safeguard to impose an unsupported permanent work ban.
- Check employees returning after illness before assigning food work. Review confidential case records and reporting contacts at least annually and after a rule change, incident, or agency instruction.

Pay, leave, disability accommodation, medical inquiries, and employment decisions remain subject to applicable employment and privacy law. Exclusion from food work does not by itself determine pay status, leave eligibility, or termination.

A contamination event needs a separate written procedure

If vomiting or diarrhea occurs in the establishment, stop affected work, isolate the area, protect exposed food and supplies, and activate the establishment's written cleanup procedure required by 2-502.11. That procedure must specify actions to limit spread and exposure, trained responders, protective equipment, and suitable disinfectant use. Use the applicable EPA-registered product label and local instructions. Do not improvise a chemical concentration or substitute routine sanitizing for required disinfection.

Written cleanup procedure title and location _____



Employee reporting acknowledgment

Complete for each food employee and conditional employee

Establishment _____ Policy version and date _____

Employee name and role _____

Person in charge and reporting phone _____

Backup reporting contact and phone _____

I received the employee illness policy, had an opportunity to ask questions, and understand the following reporting and work rules:

- ☐ I must promptly report vomiting, diarrhea, jaundice, sore throat with fever, and an improperly protected open or draining infected wound or boil.
- ☐ I must report a diagnosis of norovirus, hepatitis A, Shigella, STEC, typhoid fever, or non-typhoidal Salmonella, even if I feel well.
- ☐ I must report typhoid fever diagnosed within the past three months if I did not receive antibiotic therapy as determined by a health practitioner.
- ☐ I must report the outbreak and household exposures described on page 3 within the applicable 48-hour, 3-day, 14-day, or 30-day window.
- ☐ I must give accurate onset, last-symptom, diagnosis, and exposure information; report changes; and follow an exclusion or restriction. I may not clear myself to return.
- ☐ The person in charge decides my food-work status using the policy, required medical documentation, and regulatory approval where needed. If I am a conditional employee, the applicable conditions must be met before I begin food work.
- ☐ I know where to find the policy and how to contact the person in charge before a shift or during work.

Understanding check

If I develop vomiting before my shift I will contact _____

If I am diagnosed with a listed illness but feel well I will _____

If I am told I am excluded I understand that _____

Employee signature and date _____

Trainer or person in charge signature and date _____

Training language or assistance _____ Questions resolved _____

This acknowledgment records training and reporting duties. It is not medical clearance, permission to share health information publicly, a waiver of employee rights, or authorization to return to work.



Manager illness report

Confidential record Complete when a report is received

Establishment _____ Case reference _____ HSP ☐ Yes ☐ No

Employee or conditional employee name _____

Role and last shift worked _____

Person receiving report and date and time _____

Report type ☐ Symptoms ☐ Diagnosis ☐ Prior untreated typhoid ☐ Exposure

Symptoms ☐ Vomiting ☐ Diarrhea ☐ Jaundice ☐ Sore throat with fever ☐ Wound

First symptom date and time _____

Last vomiting or diarrhea date and time _____

Jaundice onset date and time or not present _____

Diagnosis pathogen date and practitioner _____

Antibiotics discontinued date and time or not applicable _____

Exposure type infection and last potential exposure _____

Household contact symptom free date or jaundice onset _____

Initial action ☐ Exclude ☐ Restrict ☐ Prohibit start of food work ☐ Other

Action effective date and time and applicable Code route _____

Permitted duties if restricted _____

Items or areas assessed for possible contamination _____

Written response procedure activated and immediate controls _____

Agency notification required ☐ Yes ☐ No ☐ Uncertain and escalated

Authority contact date time representative and instructions _____

Medical documents or agency orders stored at _____

Employee informed by date and time _____

Next review date and responsible person _____

Person in charge signature _____

Do not include unrelated medical history. Keep this form confidential. Use page 13 for any later work-status change.



Manager return authorization

Confidential record Complete before duties or status change

Establishment case reference and employee _____

Current status ☐ Excluded ☐ Restricted ☐ Conditional employee awaiting food work

Condition and Code paragraph governing this decision _____

Proposed decision ☐ Continue current status ☐ Restrict only ☐ Reinstate full duties

☐ Permit conditional employee to begin food work after all criteria are satisfied

Date and time symptoms stopped or no symptoms developed _____

Diagnosis date and time if relevant _____

Last potential exposure or household comparison event _____

Elapsed time route and calculated eligible date and time _____

Medical documentation route ☐ Not applicable ☐ Documentation attached or secured

Practitioner statement and date _____

For Shigella STEC or non-typhoidal Salmonella laboratory route only

Validated test laboratory name and accreditation or certification _____

Antibiotics discontinued date and time _____

Stool specimen one collection date time and result _____

Stool specimen two collection date time and result _____

☐ Two consecutive negative results ☐ At least 48 hours after antibiotics stopped

☐ Specimens at least 24 hours apart ☐ Practitioner states free of relevant infection

Regulatory approval ☐ Required and obtained ☐ Not required for this Code route

Authority representative approval date time and reference _____

Specific duties allowed and any continuing limits _____

☐ No other symptom diagnosis exposure restriction or order blocks this change

☐ HSP status checked ☐ Employee told the decision and re-reporting obligations

Authorized effective date and time _____

Person in charge signature and decision date _____

For diagnosed infections on pages 7 and 8, do not select "not required" for regulatory approval. A symptom-free period or medical note alone does not replace that approval.



Adoption check and sources

Review this page before issuing the completed establishment policy

Permit holder adoption check

- ☐ Site contacts, backup, after-hours authority contact, effective date, and HSP classification are completed on page 1.
- ☐ Locally adopted Food Code edition, amendments, reporting instructions, and any stricter rules were confirmed with the regulatory authority and incorporated in a dated site addendum.
- ☐ Agency clarification is documented before using an uncertain cross-reference or status-adjustment route, including previously symptomatic non-typhoidal Salmonella.
- ☐ Employees can contact the person in charge without needing to find their own coverage; managers can enforce safe restrictions or exclusions on every shift.
- ☐ The separate written vomiting and diarrheal event cleanup procedure is complete, accessible, and supported by trained responders and appropriate supplies.
- ☐ Training, acknowledgments, confidential records, retention, leave, accommodation, and privacy practices are ready for use and appropriate local review.

Source crosswalk

2026 Code provision	Policy location
1-201.10	Work-status and HSP definitions on pages 3 and 4
2-103.11(P) and (Q)	Verifiable training and implemented procedures on pages 4 and 10
2-201.11	Symptoms diagnoses exposures notifications and conditional employees on pages 2 through 4
2-201.12	Exclusion and restriction actions on pages 5 and 6
2-201.13(A) through (I)	Adjustment and illness-clearance routes on pages 5 through 8
2-201.13(J)	HSP exposure-clearance routes on page 9
2-401.12 and 2-401.13	Respiratory discharge and protective coverings on pages 2 and 5
2-501.11	Written illness policy and availability throughout this document
2-502.11	Separate contamination-response procedure on page 10

Primary source: FDA Food Code 2026, Chapter 2, printed pages 28-39 and 42-44 (PDF pages 56-67 and 69-71). Definitions are in Chapter 1. Source verified October 22, 2026.

Full FDA Food Code 2026 | FDA summary of changes

This original Peak Shift sample addresses the 2026 written-policy and medical-test changes. It is an implementation aid, not FDA approval, a substitute for regulatory decisions, or a guarantee of legal compliance in every jurisdiction.