



Let's start an Employee Health Policy!

Form 2 EMPLOYEE ILLNESS REPORTING AGREEMENT

You play an important role in providing safe food to the general public. As a food handler, you have a responsibility to report the symptoms and conditions listed below.

I agree to report to the person in charge any of the following symptoms of foodborne illness:

- ☒ Vomiting
- ☒ Diarrhea
- ☒ Jaundice – yellow skin or eye color
- ☒ Sore throat with fever
- ☒ Infected wounds

I agree to report to the person in charge if a doctor says that I have one of the following infections:

- ☒ E.coli
- ☒ Salmonella Typhi
- ☒ Non-Typhoidal Samonella
- ☒ Shigella
- ☒ Hepatitis A
- ☒ Norovirus

I agree to report to the person in charge if I am exposed to foodborne illness in any of the following ways:

- ☒ I am exposed to a confirmed outbreak of foodborne illness;
- ☒ Someone who lives in my house is diagnosed with a foodborne illness;
- ☒ Someone who lives in my house attends an event or works in a place which has a confirmed outbreak of foodborne illness.

Employee Acknowledgement

I understand that if I fail to meet the terms of this agreement, action could be taken by the food establishment or by Conley County Health Department that may affect my employment.

Employee Name (please print) Gabriel Saldana

Employee Signature Gabriel Saldana Date 3/7/19

Signature of Person in Charge [Signature] Date _____

Georgia Department of Public Health
Environmental Health Section
2 Peachtree Street, 13th floor
Atlanta, GA 30303

Courtesy: Fairfax County Health Department, Fairfax, VA

HAZARD COMMUNICATION

QUIZ

Name: Gabe S. Date: 3/7/19 Score: 100

Place a check mark on the line with the best answer for each of these 10 questions:

1. There are two types of hazards that chemicals can possess, they are:
a. ☒ Physical and Health Hazards
b. ☐ Electrical and Mechanical
2. Routes of exposure include inhalation, ingestion and absorption:
a. ☒ True
b. ☐ False
3. Labels are required on all containers with hazardous chemical contents:
a. ☒ True
b. ☐ False
4. SDS stands for:
a. ☐ Standard Development System
b. ☒ Safety Data Sheet
5. What are the two types of Signal Words located on a GHS label?
a. ☐ Danger and Warning
b. ☒ Hazard and Threat
6. An SDS contains which of the following components? (May choose more than one)
a. ☒ Hazard identification
b. ☒ Stability and reactivity
c. ☒ Transport information
d. ☒ First aid measures
e. ☒ Handling and storage
f. ☒ All of the above
7. A good safety practice is to read labels and the SDS before using a new chemical:
a. ☒ True
b. ☐ False
8. If you have questions regarding chemical safety you should ask:
a. ☐ Someone who has more experience in the location than you do
b. ☒ Your supervisor or the program administrator
9. When working with chemicals you should:
a. ☐ Always change your procedure so you do not get bored
b. ☒ Always perform the job the way you were trained
10. I need to remember:
a. ☒ The location of the Hazardous Chemical List and the SDS File
b. ☐ The location of the coffee pot



INDIVIDUAL RECORD OF ASSIGNED
PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employee Name: _____

Job Title: _____

Trainer: Aldo Roque

Location: _____

ASSIGNED PPE	SPECIFICATION
<u>Apron</u>	
<u>Goggles</u>	
<u>Gloves</u>	

Training Date

Topic

03-07-19

Information and training on when to use PPE to protect against workplace hazards.

5

Information and training on the specific types of PPE available for use.

How to put on, take off, adjust, and wear PPE.

Limitations of PPE provided.

Care, maintenance, useful life and disposal of PPE.

Employee Statement:

I have attended training provided by my employer on the topics and dates listed above and have been given the opportunity to demonstrate my understanding of these topics and to demonstrate my ability to use the personal protective equipment provided to me.

gabriel Saldana

Employee Signature

3/7/19

Date

Employer/Trainer Statement:

I certify that that this Hazard Assessment has been conducted, and the employee named on this individual record has demonstrated adequate proficiency and understanding of the topics listed above.

Aldo Roque

Employer/Trainer

03-07-19

Date

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 73.02

b. How often? ☐ Weekly ☒ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? ☐ Weekly ☒ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

ACKNOWLEDGEMENT

The undersigned acknowledges receipt and have read the Company's Health Insurance Coverage Letter.

The contents of the Health Insurance Coverage Letter are presented as a matter of information.

It is specifically understood and agreed that the Health Insurance Coverage Letter is for informational purposes only and is not intended to create a health coverage, nor is it a contract of employment or continuing employment between myself and "La Cosecha Group".

3/7/19
Dated

Gabriel Saldana
Signature

Gabriel Saldana
Print Name



Enrollment Form

I, _____, an employee of La Cosecha Group, authorize deductions for the Health Insurance.

The following deductions will be taken out of my pay before taxes are calculated.			
Type of Insurance	Per Pay Period Premium Cost (circle your choice)	Select One	Covering
MEC Tall Tree Administrator	\$6.00	_____	Employee Only
	\$13.50	_____	Employee/Spouse
	\$19.26	_____	Employee + Child(ren)
	\$27.74	_____	Family
MVP Tall Tree Administrator	\$73.02	_____	Employee Only
	\$147.71	_____	Employee/Spouse
	\$124.38	_____	Employee + Child(ren)
	\$209.94	_____	Family
		<input checked="" type="checkbox"/> Decline Medical Coverage	

Note: Please list dependents information (if applicable)

Spouse Name: _____ S.S# _____ DOB: _____

Child (1) Name: _____ S.S# _____ DOB: _____

Child (2) Name: _____ S.S# _____ DOB: _____

Child (3) Name: _____ S.S# _____ DOB: _____

Child (4) Name: _____ S.S# _____ DOB: _____

It has been explained and I fully understand the pre-tax premium and how it will affect my take home pay. I understand that participation in this plan may reduce my social security benefits due to lower taxable income being reported. I further understand that by participating in this plan, I can only make changes in my pre-tax benefits if a life changing event occurs. These events include, but are not limited to, marriage, divorce, death of a spouse or child, birth of a child, termination of employment of the employee or spouse, or change of employment status. I do also acknowledge that I have received a copy of the Summary of Benefits and Coverage.

The open enrollment period for annual changes is from 07/01 through 07/31 of each year. At that time I will be given the opportunity to make changes to the above pre-tax elections.

Date: 3/7/19

Employee Signature Gabriel Saldana

This form must be send to HR department by email: hr@laparrilla.com
or fax: **678-710-3169** no later than 30 days after your first day of work,
otherwise it will be considered as **"Declined Medical Coverage"**.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation

Summit Urgent Care
1825 Highway 34 E
Newnan, GA 30265
(770) 574 4065

270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwcc.georgia.gov>

ER Alternative urgent Care Clinic
1495 Lafayette Pkwy
Lagrange, GA 30241
(706) 884 7822

West Georgia Worx-Dr Vlachos
100 Glenn Bass Rd
LaGrange, Ga 30240
706-845-3075

Virginia M Jones, MD
Michael Mchenry, MD
354 Newnan Crossing Bypass
Suite 200
Newnan, GA 30265
(706) 460-4747
ORTHOPEDIST

Garland Keith, MD
Jake Gudger, JR
107 Calumet Center Road
Lagrange, GA 30240
(706) 884 3274

Gabriel S. 3/7/19
name/address/phone

name/address/phone

name/address/phone

Patrick Ferinocla, MD
107 Calumet Center Road
Lagrange, GA 30240
(706) 88-3274

Dr Michael Gorum
1538 13th Avenue B300
Columbus, GA
(706) 321 9300

David Rehak, MD
107 Calumet Center Road
LaGrange, GA 30240
(706) 884 -3274

Orthopaedist

name/address/phone

Orthopaedist

name/address/phone

HAND SURGEON

name/address/phone

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

GREAT AMERICAN INSURANCE COMPANY

Name

P.O. Box 5789, CINCINNATI, OH 45201

(800) 467-7725

address

phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

222 Newnan Crossing Bypass, Newnan, GA

WC-P1 (7/2006)

ACKNOWLEDGEMENT

The undersigned acknowledges receipt and have read the La Parrilla's Employee General Handbook.

The contents of the Employee General Handbook are presented as a matter of information. Except for the at-will provisions, the General Handbook can be amended at any time. I agree to read the General Handbook and to follow the guidelines and policies set forth in the General Handbook and any amendments to the General Handbook along with the other policies and procedures of "La Parrilla".

It is specifically understood and agreed that the General Handbook is for informational purposes only and is not intended to create a contract, nor is it a contract, of employment or continuing employment between myself and "La Parrilla". It is further understood that neither the General Handbook nor any policy of "La Parrilla" is a guarantee or promise of employment or continuing employment.

I understand that I am not being hired for any definite period of time even though my wages are paid regularly. I further understand that I am an at-will employee and my employment can be terminated at any time, with or without cause and with or without prior notice either by "La Parrilla" or myself. No promises or representations have been made to me that I can be disciplined or discharged from my employment with "La Parrilla" only under certain circumstances or after certain events.

"La Parrilla" policy requires all employees to be hired at-will and this policy cannot be changed except by a written document signed by me and an appropriate officer of "La Parrilla", specifically changing my at-will employment status. I have neither been requested nor have I signed any such document.

My at-will employment status with "La Parrilla" has been fully explained and I have been given an opportunity to ask any questions regarding "La Parrilla" policies and my at-will employment status. No representative of "La Parrilla" has made any promise or other statements implying employment will be other than what has been stated above.

3/7/19
Dated

Gabriel Saldaña
Signature

Gabriel Saldaña
Print Name



I, Gabriel Saldana have read the manual given to me that includes the job description as well as the training manual for the dishwasher position.

I understand my responsibilities, the company policies and my rights as an employee of La Parrilla, I agree with all of them and all my questions have been answered.

I am also aware that all recipes and documents belonging to La Parrilla Mexican Restaurant are considered confidential and cannot be shared with anyone outside the organization without authorization from upper management.

I have been given a complete tour of the restaurant; I know the location of the dining room, the kitchen and its emergency exits, and the bathrooms. I know who my direct manager is as well as the restaurant manager and the assistant manger.

Gabriel Saldana
Employee's signature

[Signature]
Manager's signature

3/7/19
Date