

Hiland Dairy Foods Company's

Personal Hygiene Policy

The following is Hiland Dairy Foods' Employee Personal Hygiene Policy. This is a minimal policy statement, other rules may apply. Your cooperation with this policy is essential, and we require full compliance.

1. All employees will wash their hands before beginning work and upon returning to work, after using toilet facilities, eating, smoking or otherwise soiling their hands. They shall keep their hands clean and follow good hygienic practices while on duty.
2. Expectoration or use of tobacco in any form shall be prohibited.
3. Clean white or light-colored washable outer garments shall be worn by all employees in the receiving, testing, processing, packaging, or handling of dairy products.
4. Proper head (hair) cover will be provided and shall be worn by employees. Sideburns shall be close-cropped and not extend below lower ear lobe.
5. All beards and facial hair must be neatly groomed and tightly cropped to no more than $\frac{3}{4}$ " in length. A beard net must be worn at all times wherever a hairnet is required, and failure to do so will result in severe discipline. Those working within our customers' facilities must adhere to any and all policies in place at those locations, including but not limited to any requirements for beard nets in kitchens or food processing areas.
6. No person afflicted with a communicable disease shall be permitted in any room where milk or dairy products are prepared, manufactured, or otherwise handled.
7. No person who has a discharging or infected wound, sore, or lesion on hands, arms or other exposed portion of the body shall work in any processing area or in a capacity resulting in contact with milk or dairy products.
8. All new employees shall read this policy and acknowledge their agreement by signing a copy that will be placed in their personnel file before beginning work.

Hiland Dairy Foods Company, LLC

Gary Aggus
President and General Manager

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Acknowledgment Form

This is to acknowledge that I have received a copy of the Hiland Dairy Foods Company, LLC's *Personal Hygiene Policy*. I understand that it is my responsibility to read this policy and comply with the guidelines.

Employee Signature _____ Date _____

Supervisor/H.R. Signature _____ Date _____