

# PROPER USE OF HAIR RESTRAINTS



Date of Presentation: \_\_\_\_\_

Presenter: \_\_\_\_\_

Attendance Roster:

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## OBJECTIVES

- Identify when hairnets should be worn.
- Be able to properly wear a hairnet.
- Identify areas where hairnets are not worn properly.

# PROPER USE OF HAIR RESTRAINTS

## PRE-TEST

1. You do not have to wear a hair restraint in the kitchen if you are not cooking.

True

False

2. If your hair is short you do not need a hair restraint.

True

False

3. Covering the longest part of your hair is enough.

True

False

# PROPER USE OF HAIR RESTRAINTS

## Master PRE-TEST

1. You do not have to wear a hair restraint in the kitchen if you are not cooking.

True

False

2. If your hair is short you do not need a hair restraint.

True

False

3. Covering the longest part of your hair is enough.

True

False

# PROPER USE OF HAIR RESTRAINTS

## POST-TEST

1. Who mandates the use of a hair restraint in foodservice?
  - a. OSHA
  - b. US FOOD CODE
  - c. USDA
  - d. None of the above
2. What is the good rule of thumb for wearing hair restraint?
  - a. Wear it when cooking
  - b. Wear it when serving
  - c. Wear it around food
  - d. All of the above
3. You should wear a beard net if you are not cleanly shaven.  
True                      False
4. You only have to cover the top of your hair.  
True                      False
5. It is okay to walk through the kitchen without a hair net.  
True                      False

# PROPER USE OF HAIR RESTRAINTS

## Master POST-TEST

1. Who mandates the use of a hair restraint in foodservice?  
c. OSHA  
d. US FOOD CODE  
c. USDA  
d. None of the above
2. What is the good rule of thumb for wearing hair restraint?  
e. Wear it when cooking  
f. Wear it when serving  
g. Wear it around food  
h. All of the above
3. You should wear a beard net if you are not cleanly shaven.  
True False
4. You only have to cover the top of your hair.  
True False
5. It is okay to walk through the kitchen without a hair net.  
True False

# PROPER USE OF HAIR RESTRAINTS



## CERTIFICATION OF COMPLETION

Name: \_\_\_\_\_

Completed the “Proper use of Hair Restraints” In-service successfully.

Date: \_\_\_\_\_

Name of Presenter: \_\_\_\_\_

