

# FOODBORNE ILLNESS INCIDENT FORM

Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

Information received by \_\_\_\_\_ (employee's name)

When was the Person In Charge notified - date \_\_\_\_\_ time \_\_\_\_\_ am pm

Complainant full name \_\_\_\_\_ DOB \_\_\_\_\_ are they a minor? Y N

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WHO: full name(s) of individuals with suspected illness

WHAT: what is the nature of the alleged incident/complaint

WHERE: at what physical address did the alleged incident take place

Is there a table number assigned \_\_\_\_\_ who was the server \_\_\_\_\_

WHEN: date \_\_\_\_\_ and time \_\_\_\_\_ am pm food product was consumed

date \_\_\_\_\_ and time \_\_\_\_\_ am pm illness was first detected

Symptoms:

WHY: what specific medical symptoms did the plausibly ill person report having (do not offer examples)

Did the complainant seek medical advice Y N date \_\_\_\_\_ time \_\_\_\_\_

HOW: what specific food is suspected to have been involved in the alleged incident

Was any/all same batch and unused food disposed of Y N

Local regulatory agency notified? Y N

Name of person notified \_\_\_\_\_ phone \_\_\_\_\_ date \_\_\_\_\_

Leading up to the alleged incident, have all food safety processes/procedures been followed including time & temperature controls, prevention of cross-contamination and employment of all personal hygiene practices Y N

Name of most recent food safety trainer \_\_\_\_\_ date of last training \_\_\_\_\_

COMMENTS/NOTES: