

Section 1 - Location Information

OUTBREAK ID (If Applicable): _____

LOCATION OF INCIDENT/OUTBREAK (NAME & ADDRESS): _____		SUSPECT MEAL EATEN	
		DATE _____	TIME _____
NUMBER OF PERSONS ATE MEAL _____ ILL _____	INCUBATION PERIOD IN HOURS SHORTEST _____ LONGEST _____ MEDIAN _____	DURATION OF ILLNESS IN HOURS SHORTEST _____ LONGEST _____ MEDIAN _____	

Section 2 - Clinical/Food Information

PERSONS WHO ATE SUSPECT MEAL	AGE	CHECK IF APPLICABLE										ENTER & CHECK FOOD ITEMS EATEN					
		SEEN BY PHYSICIAN	INCUBATION PERIOD IN HRS	NAUSEA	VOMITING	DIARRHEA	CRAMPS	FEVER	PROSTRATION	PARALYSIS	OTHER (LIST)						

Section 3 - Food Specific Attack Rate Table (Complete for Large Outbreak Situations)

FOODS SERVED	NO. PERSONS WHO ATE FOOD				NO. PERSONS WHO DID NOT EAT FOOD				A MINUS B
	ILL	NOT ILL	TOTAL	% ILL (A)	ILL	NOT ILL	TOTAL	% ILL (B)	

Section 4 - Factors Contributing to Incident/Outbreak (Complete if known. Check all applicable.)

- INADEQUATE COOKING
 CONTAMINATED FOOD CONTACT SURFACE
 IMPROPER STORAGE TEMPERATURE
 POOR PERSONAL HYGEINE OF FOOD HANDLER
 OTHER _____

IF NOT SERVED IMMEDIATELY WERE FOODS: REFRIGERATED TEMP _____ °C KEPT WARM TEMP _____ °C DURATION _____ HR

SUSPECT FOOD VEHICLE: _____

Section 5 - Contact Information (Attach business card or complete.)

COMPLETED BY (EHO): _____ TEL#: _____ EMAIL: _____

HEALTH AUTHORITY / OFFICE: _____ ADDRESS: _____

INSTRUCTIONS

- Call Environmental Microbiology Laboratory to inform of Food Poisoning incident.
- Only one Incident Summary form is required per incident.
- Incident Summary form must accompany any clinical or food sample submitted.
- Please include an additional requisition if more space is required in Section 2 and/or Section 3.