



**Section 1 - Location Information**

OUTBREAK ID (If Applicable): \_\_\_\_\_

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