

PHSA LABORATORIES USE ONLY	
Lab Number	Date Received

### Section 1 - Client Information

<p><b>ESTABLISHMENT DESCRIPTION</b></p> <p>Business Name: _____</p> <p>Owner Name: _____</p> <p>Address: _____</p> <p>Phone No. _____</p>	<p><b>PLACE OF COLLECTION</b> (Choose one only)</p> <p><input type="checkbox"/> Food Service Establishment     <input type="checkbox"/> Farmer's market</p> <p><input type="checkbox"/> Processing Plant                      <input type="checkbox"/> Hospital or School</p> <p><input type="checkbox"/> Retail Store                                <input type="checkbox"/> Vending Machine</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p><b>PRODUCT DESCRIPTION</b>     <input type="checkbox"/> Uncooked Ready to Eat Food     <input type="checkbox"/> Cooked Food</p> <p>Product Name _____</p> <p>Brand Name _____</p> <p>&amp; Description _____</p> <p>Manufacturer _____</p> <p>Best Before Date/Batch Date _____ Size/Weight _____</p> <p>Code/Lot No. _____</p> <p>Storage temperature of Unit: _____ °C     Sampling temperature of Food: _____ °C</p>	<p><b>REASON FOR INSPECTION</b> (Choose one only)</p> <p><input type="checkbox"/> Routine Testing                          <input type="checkbox"/> Project / Research</p> <p><input type="checkbox"/> Customer Complaint                      <input type="checkbox"/> FBI Follow-up</p> <p><input type="checkbox"/> Improper Food Handling                  <input type="checkbox"/> Other, specify: _____</p>
<p><b>COLLECTION &amp; SHIPPING INFORMATION</b></p> <p>Date &amp; Time Collected _____</p> <p style="text-align: center;">YEAR / MONTH / DAY                      TIME (2400 HRS)</p> <p>Date &amp; Time Shipped _____</p> <p style="text-align: center;">YEAR / MONTH / DAY                      TIME (2400 HRS)</p>	

**FOOD CATEGORY** (Choose one only)

Bakery, Cereals, Rices      Beverages, Desserts, Sauces      Dairy goods      Eggs      Environmental Samples      Fruits      Meats

Mixed foods      Mushrooms      Plant proteins      Salads      Salad dressing      Seafoods      Vegetables

**CONTACT INFORMATION** (this information is required for reporting of STAT results / please attach card)

EHO Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Copy to: \_\_\_\_\_

**Health Authority**

Fraser      Interior      Northern      Vancouver Island      Vancouver Coastal

East      Kootenay      East      South      Coast Garibaldi

South      Okanagan      Interior      Central      North Shore

North      Thompson/Cariboo      West      North      Richmond

Vancouver

Site Address \_\_\_\_\_

### Section 2 - Test(s) Requested

**LABORATORY TESTING REQUESTED**

Routine Test (Aerobic Plate Count, Total & Fecal coliforms, and *E. coli*)

**Special Tests (must receive approval from laboratory before shipment, please call ahead)**

Aw      pH      Salmonella      *E. coli* 0157:H7      *B. cereus*      *C. perfringens*      *L. monocytogenes*

*S. aureus*      Other, specify: \_\_\_\_\_

**COMMENTS**

## FOOD QUALITY SAMPLING PROGRAM DEFINITIONS AND DETAILED EXPLANATIONS

### Establishment Description

Provide contact information for where sample was taken – business & owner name, address and phone number.

### Place of Collection

Choose category of establishment. Food Service Establishments include restaurants, fast food premises, snack bars, cappuccino carts, cafes, and take-out delis – any business where food is prepared and sold. Processing plants include food manufacturer or rework. Retail stores include supermarkets, convenience stores, etc.

### Product Description

- Tick whether food is cooked or uncooked ready-to-eat food. Describe sample, for example, Product Name – Sunrise Cheese & Description – brie style cheese with orange peel.
- Name of Manufacturer if different from Business / Owners
- Record the Best Before Date or Batch Date (Date Product made), Code / Lot No or UPC

### Reason for Inspection

Choose sample collection rationale. Routine testing indicates weekly samples. Customer complaint for example may be initiated by an inspection which results in collection of food from the establishment. Improper food handling or suspicion during a routine inspection which results in collection of food from the establishment – inspectors are encouraged to collect samples immediately in these situations. Foodborne Illness follow-up would apply to additional visits to an establishment where a known FBI has occurred.

### NOTE:

- 1. DO NOT SEND LEFT-OVER FOODS COLLECTED FROM COMPLAINT HOMES WHICH ARE ASSOCIATED WITH FOOD POISONING – SUBMIT THESE SAMPLES WITH FP FORM A/B REQUISITIONS AS PART OF A FBI INVESTIGATION. FOOD QUALITY SAMPLING DOES NOT REPLACE SAMPLING ASSOCIATED WITH FOODBORNE ILLNESS.**
- 2. FOOD QUALITY SAMPLES MUST EITHER BE COOKED OR UNCOOKED READY-TO-EAT FOOD.**
- 3. FOOD QUALITY SAMPLES FROM ROUTINE TESTING WILL ONLY BE ACCEPTED ON MONDAY, TUESDAY AND WEDNESDAY. DEMAND SAMPLES MAY BE ACCEPTED ON THURSDAY OR FRIDAY IF SCHEDULED WITH THE LAB – PHONE LAB BEFORE SUBMITTING SAMPLES.**

### Contact Information

Provide phone and e-mail contact information for STAT reporting of results. Preliminary reports for all FQ samples with E. coli or fecal coliforms will be issued to the EHO. STAT results should also be copied to the Food Quality Program Supervisor/ Coordinator in your area – please also provide name (& contact info) for this person. Check off Health Authority and area and provide address where final report should be sent. Attach a business card if possible.

### Laboratory Testing Requested

Only routine testing for weekly sampling is accepted without prior approval.

For special tests, or for sample collection not scheduled please call ahead. The laboratory will make every effort to accommodate special testing.

**FOOD POISONING LABORATORY TELEPHONE: 604-707-2611**