



BC Centre for Disease Control  
An agency of the Provincial Health Services Authority

# Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4  
www.bccdc.ca/publichealthlab

# Food Quality Check Sample Requisition



LABORATORY 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>_____</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  <input type="checkbox"/> Processing Plant    <input type="checkbox"/> Hospital or School  <input type="checkbox"/> Retail Store    <input type="checkbox"/> Vending Machine  <input type="checkbox"/> Other, specify: _____</p> <p><b>REASON FOR INSPECTION</b> (Choose one only)</p> <p><input type="checkbox"/> Routine Testing    <input type="checkbox"/> Project / Research  <input type="checkbox"/> Customer Complaint    <input type="checkbox"/> FBI Follow-up  <input type="checkbox"/> Improper Food Handling    <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>COLLECTION &amp; SHIPPING INFORMATION</b></p> <p>Date &amp; Time Collected _____  <small>YEAR / MONTH / DAY                      TIME (2400 HRS)</small></p> <p>Date &amp; Time Shipped _____  <small>YEAR / MONTH / DAY                      TIME (2400 HRS)</small></p>

**FOOD CATEGORY** (Choose one only)

Bakery, Cereals, Rices     Beverages, Desserts, Sauces     Dairy goods     Eggs     Environmental Samples     Fruits     Meats  
 Mixed foods     Salads     Salad dressing     Seafood     Vegetables     Other \_\_\_\_\_

**CONTACT INFORMATION** (This information is required for reporting of STAT results. Please attach business card.)

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

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

**Health Authority**

Fraser     Interior     Island     Northern     Vancouver Coastal

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

## Section 2 - Test(s) Requested

**LABORATORY TESTING REQUESTED**

Routine Test (Aerobic Plate Count, Total & Fecal Coliforms, and *E. coli*)                       Environmental Sponge/Swab Test (Aerobic plate count)

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

Pathogen Tests:

A<sub>w</sub>     pH                       *Salmonella*     *E. coli* O157: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**