

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

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