


Attachment 7: NEARS Data Recording and Manager Interview Web Entry (screenshots)



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Evaluation Response

 Supply an answer for each question. When finished click 'Submit' to save your data.

Study Definition: NEARS (2016)
Data Collection Form: Part I (General Characterization of Outbreak)
EHS: COLEMAN, ERIK
Evaluation ID: 6253
Response ID: 40248

Form Approved OMB No. 0920-0980 Exp. Date 08/31/2016

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, MS D-74; 1600 Clifton Road NE, Atlanta, Ga. 30333; ATTN: PRA (0920-0980)

PART I – GENERAL CHARACTERIZATION OF OUTBREAK RESPONSE

Instructions: This form is to be completed once for the outbreak.

*1. Did the exposure(s) take place in a single or multiple locations; for example, in a single restaurant or two or more restaurants, a single school or two or more schools, or a combination of establishments, etc.? (Instruction available)

Single Location If a single location, skip to #3
 Multiple Locations

*2. Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes in your state? (Instruction available)

Single County / Township / Parish
 Multiple Counties / Townships / Parishes

*3. Did the exposure(s) occur in a single state or multiple states? (Instruction available)

Single State
 Multiple states

*4. How many food service establishment locations within your jurisdiction were associated with this outbreak? (Instruction available)

*5. Were any environmental assessments conducted at foodservice establishments in your jurisdiction as part of this outbreak? (Instruction available)

Yes
 No If No, skip to #5c

*5a. Briefly, describe the reason(s) why environmental assessments were conducted in your jurisdiction as a part of this outbreak? (Instruction available)

*5b. How many environmental assessments were conducted in food service establishments in your jurisdiction as a part of this outbreak? (Instruction available)

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*5b. How many environmental assessments were conducted in food service establishments in your jurisdiction as a part of this outbreak? (Instruction available)

*5c. Why were no environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak? (Instruction available)

*6. Were any non-food service establishment locations within your jurisdiction associated with this outbreak investigation? (Instruction available)

Yes

No If No, skip to #7

*6a. How many non-food service establishments in your jurisdiction were associated with this outbreak? (Instruction available)

*6b. How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak? (Instruction available)

7. Was a primary agent identified in this outbreak? (Instruction available)

Yes

No, skip to #8

*7a. What was the identified agent? (Instruction available)

Hepatitis A

Bacillus Cereus

Campylobacter

Clostridium Perfringens

Cryptosporidium

Cyclospora

E. coli O157 :H7

E. coli STEC/VTEC

Listeria

Norovirus

Salmonella

Shigella

Staphylococcus Aureus

Vibrio Parahaemolyticus

Yersinia

Toxic agent (Please describe)

Other agent (Please describe)

Chemical hazard (Please describe)

Physical hazard (Please describe)

*Please describe:

*Was the agent identified suspected or confirmed? (Instruction available)

Suspected

Confirmed

*7b. Was a serotype identified for this outbreak? (Instruction available)

Yes

No If No, skip to #8

*7c. What was the identified serotype? (Instruction available)

*8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program? (Instruction available)

Yes

No If No, skip to #9

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9a. Select the state or local surveillance system(s) where this outbreak was reported (check all that apply) *(Instruction available)*

State - outbreak reporting number assigned by the state?
 Local - outbreak reporting number assigned by the jurisdiction?
 Other (Please describe):

*State - outbreak reporting number assigned by the state:

*Local - outbreak reporting number assigned by the jurisdiction:

*Other (Please describe):

*9. Was this outbreak reported to a national surveillance system? *(Instruction available)*

Yes
 No If No, skip to Part II (Establishment Description, Categorization, and Menu Review)

*9a. Select the national surveillance system(s) where this outbreak was reported and record the corresponding reporting number. (check all that apply)

NORS - reporting number?
 PulseNet - outbreak code?
 CaliciNet - reporting number?
 NNDS - reporting number?
 Other (Please describe):

NORS - reporting number?

PulseNet - outbreak code?

CaliciNet - reporting number?


NNDS - reporting number?

Other (Please describe):

Additional comments that characterize the outbreak:

* Required

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Evaluation Response

 Supply an answer for each question. When finished click 'Submit' to save your data.


Study Definition: NEARS (2016)
Data Collection Form: Part II (Establishment Description)
EHS: COLEMAN, ERIK
Evaluation ID: 6253


* Response Key: 

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PART II – ESTABLISHMENT DESCRIPTION, CATEGORIZATION, AND MENU REVIEW

Instructions: This form is to be completed once for each establishment associated with the outbreak.

*1. Date the establishment was identified for an environmental assessment. *(Instruction available)*
  (Required format: MM/DD/YYYY)

*2. Date of first contact with establishment management. *(Instruction available)*
  (Required format: MM/DD/YYYY)

*3. Number of visits to the establishment to complete this environmental assessment. *(Instruction available)*

*4. Number of contacts with the establishment other than visits, (for example, phone calls, phone interviews with staff, faxes, etc) to complete this environmental assessment. *(Instruction available)*

*5. Facility Type *(Instruction available)*

- Camp
- Caterer
- Church
- Correctional Facility
- Daycare center
- Feeding Site
- Food Cart
- Grocery store
- Hospital
- Mobile Food Unit
- Nursing home
- Temporary Food Stand
- Restaurant
- Restaurant in a Supermarket

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School Food Service
 Workplace cafeteria
 Other (Please describe):

*Please describe:

*6. How many critical violations were noted during the last routine inspection? (Instruction available)

*7. What is the establishment's source of potable water? (Instruction available)
 Community water system
 Transient, non-community water system
 Non-transient, non-community water system
 Other (Please describe):

*Other (Please describe):

*8. What is the establishment's sewage disposal method? (Instruction available)
 Public sewage
 On-site sewage disposal system
 Other (Please describe):

*Other (Please describe):

*9. Was a translator needed to communicate with the kitchen manager during the environmental assessment? (Instruction available)
 Yes
 No, skip to #10

*9a. Was a translator used to communicate with the kitchen manager? (Instruction available)
 Yes
 No

*10. Was a translator needed to communicate with the food workers during the environmental assessment? (Instruction available)
 Yes
 No, skip to #11

*10a. Was a translator used to communicate with the food workers? (Instruction available)
 Yes
 No

*11. Establishment Type: (Instruction available)
 Prep Serve
 Cook Serve
 Complex

*12. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment? (Instruction available)
 Yes
 No

*13. Does the establishment serve raw or undercooked animal products (for example, oysters or shell eggs) in any menu item? (Instruction available)
 Yes
 No, skip to #14

*13a. Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (for example, on the menu, on a sign)? (Instruction available)
 Yes
 No, skip to #14

*13b. Where is the consumer advisory located? (check all that apply) (Instruction available)
 On the menu as a footnote

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***13b. Where is the consumer advisory located? (check all that apply) (Instruction available)**

On the menu as a footnote

On the menu in the menu item description

On a sign

Other (Please describe):

***Other (Please describe):**

***14. Which one of the options below best describes the menu for this establishment? (Instruction available)**

American (non-ethnic)

Chinese

Thai

Japanese

French

Italian


Mexican

Other (Please describe):

***Other (Please describe):**

*** Required**

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Evaluation Response

 Supply an answer for each question. When finished click 'Submit' to save your data.


Study Definition: NEARS (2016)
Data Collection Form: Part IV (Establishment Observation)
EHS: COLEMAN, ERIK
Evaluation ID: 6253

* Parent Key: 

Form Approved OMB No. 0920-0980 Exp. Date 08/31/2016

PART IV - ESTABLISHMENT OBSERVATION

Instructions: This section is to be completed once for each establishment associated with the outbreak.

*1. Date observations were made: *(Instruction available)*
  (Required format: MM/DD/YYYY)

*2. Are hand sinks available in the employee restroom(s)? *(Instruction available)*
 Yes
 No If No, skip to #3
 Could Not Observe, skip to #3

*2a. How many hand sinks are in the employee restroom(s)? *(Instruction available)*

*2b. Is warm water (minimum 100°F) available at all employee restroom hand sinks? *(Instruction available)*
 Yes
 No

*Please specify number without:

*2c. Is soap available at (or near) all employee restroom hand sinks? *(Instruction available)*
 Yes
 No

*Please specify number without:

*2d. Are paper or cloth drying towels available at (or near) all employee restroom hand sinks? *(Instruction available)*
 Yes
 No

*Please specify number without:

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*3. Is a hand sink available in the work area(s)? (Instruction available)

Yes
 No If No, skip to #4

*3a. How many hand sinks are located in the work area(s)? (Instruction available)

*3b. Is warm water (minimum 100°F) available at all hand sinks in the work area? (Instruction available)

Yes
 No

*Please specify number without:

*3c. Is soap available at (or near) all hand sinks in the work area? (Instruction available)

Yes
 No

*Please specify number without:

*3d. Are paper or cloth drying towels available at (or near) all hand sinks in the work area? (Instruction available)

Yes
 No

*Please specify number without:

*4. Are there cold storage units in the establishment? (Instruction available)

Yes
 No If No, skip to #6

*4a. How many cold storage units are in the establishment? (Instruction available)

*4b. Which types of units did you observe? (check all that apply) (Instruction available)

Reach in
 Walk-in
 Self Serve / Salad Bar
 Open top units

*5. Are all cold storage areas maintained at a temperature of 41°F or below? (Instruction available)

Yes If Yes, skip to #6
 No

*5a. How many cold storage units are above 41°F? (Instruction available)

*5b. Which types of units did you observe to be above 41°F? (Check all that apply) (Instruction available)

Reach in
 Walk-in
 Self Serve / Salad Bar
 Open top units

*6. Are any food workers using gloves while handling food? (Instruction available)

Yes
 No

*7. Is there a supply of disposable gloves available in the establishment? (Instruction available)

Yes
 No

*8. Are any food workers handling ready-to-eat foods with bare hands? (Instruction available)

Yes
 No

*9. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded? (Instruction available)

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Yes
 No
 Could Not Observe

*10. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded? (Instruction available)

Yes
 No
 Could Not Observe

*11. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods? (Instruction available)

Yes
 No
 No raw animal products used

*11a. Please describe the evidence of cross contamination observed.

*12. Is there cooling of hot foods in this establishment? (Instruction available)

Yes
 No If No, skip to #13
 Could Not Observe If Could Not Observe, skip to #13

*12a. What cooling method(s) are used? (Check all that apply) (Instruction available)

Portioning into smaller pans and cooled in regular cooler
 Portioning into smaller pans and cooled in blast chiller
 Using ice as an ingredient
 Using ice bath for food container before cooling in regular cooler
 Using ice bath for food container before cooling in blast chiller
 Using ice wands before cooling in regular cooler
 Using ice wands before cooling in blast chiller
 Combination methods (ice, ice wand, portioning, etc.) with cooling in regular cooler
 Combination of methods (ice, ice wand, portioning, etc.) and cooling in blast chiller
 Other (Please describe) _____

*Other (Please describe):

*13. Were any foods observed in hot holding? (Instruction available)

Yes
 No If No, skip to #14
 Could Not Observe If Could Not Observe, skip to #14

*13a. Were the temperatures of any foods in hot holding measured? (Instruction available)

Yes
 No If No, skip to #14

*13b. Were the temperatures of all foods measured in hot holding at 135°F or above? (Instruction available)

Yes
 No

*14. Were any foods observed in cold holding? (Instruction available)

Yes
 No If No, skip to #15

*14a. Were the temperatures of any foods in cold holding measured? (Instruction available)

Yes
 No If No, skip to #15

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14. Were the temperatures of all foods measured in cold holding at 41°F or below? (Instruction available)

Yes
 No

*15. Were any foods observed during cooking? (Instruction available)

Yes
 No, skip to #16

*15a. Were the temperatures of any foods being cooked measured? (Instruction available)

Yes
 No If No, skip to #16

*15b. Were the temperatures of all foods measured during cooking at the recommended temperatures? (Instruction available)

Yes
 No

*16. Are wiping cloths used in the establishment? (Instruction available)

Yes
 No If No, skip #17
 Could Not Observe If Could Not Observe, skip to #17

*16a. Are all wiping cloths stored in a sanitizer solution between uses? (Instruction available)

Yes
 No
 Could Not Observe

*17. Are there mechanical washing machines for dishes, utensils, or other equipment? (Instruction available)

Yes
 No If No, skip to #18

*17a. Does the wash cycle reach the temperatures recommended for that washing machine? (Instruction available)

Yes
 No

*17b. Does the sanitizing cycle reach the temperatures recommended for sanitization? (Instruction available)

Yes
 No
 Could Not Observe

*17c. Is chemical sanitizing used? (Instruction available)

Yes
 No If No, skip to #18

*17d. Did the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine? (Instruction available)

Yes
 No
 Could Not Observe

*18. Are there any hand washed dishes, utensils or other equipment? (Instruction available)

Yes
 No If No, skip to #19
 Could Not Observe If Could Not Observe, skip to #19

*18a. Are hand washed dishes, utensils or other equipment washed, rinsed and sanitized (either with heat or chemical)? (Instruction available)

Yes
 No If No, skip to #19
 Could Not Observe, skip to #19

*18b. Is the sanitizing method (heat or chemical) properly implemented? (Instruction available)

Yes
 No
 Could Not Observe

*19. Did you observe signs and instructions posted in the establishment? (Instruction available)

Yes
 No If No, skip to #20

*19a. Did any signs or posted instructions use pictures or symbols to communicate a message? (Instruction available)

Yes
 No If No, skip to #20

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***19a. Did any signs or posted instructions use pictures or symbols to communicate a message? (Instruction available)**

Yes
 No

***19b. What languages did you observe on signs or instructions posted for food workers? (Instruction available)**

English
 Spanish
 French
 Chinese (any dialect)
 Japanese
 No written words
 Other (describe)

Other (Please describe):

***20. Were there any differences to the physical facility, food handling practices you observed on your initial visit or other circumstances that were different at the time of exposure? (Instruction available)**

Yes If Yes, briefly explain in #20a
 If No, skip to #21 comments

***20a. Briefly explain:**

21. Comments: Use this space to record additional comments. This section provides the evaluator the opportunity to briefly describe specific circumstances during or right before the time of the exposures that are believed to have played a significant exposure role. For example, over the course of the environmental assessment it may have been determined that the establishment operated with no hot water, or the walk-in cooler units failed, or the kitchen manager was on vacation and normal policies or procedures were not followed in that absence, or the establishment was out of single use gloves during the time in question, or a large number of food workers did not show up for work, hindering implementation of normal policies and procedures.

*** Required**