

National Environmental Assessment Reporting System (NEARS) Instrument

Public reporting burden for this collection of information is estimated to average 30 minutes 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	Description
Part I- General characterization of the outbreak and outbreak response	Complete this section for each outbreak, in consultation with the investigation team, at the end of the investigation.
Part II- Establishment characterization, categorization, and menu review	Complete this section for each establishment linked with an outbreak. Complete this section after the establishment observation and manager interview are conducted, and sampling activities are complete.
Part III- Manager interview	Complete this section for each establishment linked with an outbreak. Conduct an establishment manager interview as soon as possible after the establishment is identified for an environmental assessment. Read all bold text aloud.
Part IV- Establishment observation	Complete this section for each establishment linked with an outbreak. Conduct an establishment observation as soon as possible after the establishment is identified for an environmental assessment. These questions are based on the observation of the establishment and the food handling practices <u>at the time of the initial environmental assessment</u> and <u>not</u> those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation.
Part Va- Suspected/confirmed foods	Complete this section for each suspected/confirmed food.
Part Vb- Suspected/confirmed foods, ingredients	Complete this section for each ingredient in the suspected/confirmed food(s).
Part VI- Positive samples	Complete this section for each <i>positive</i> sample.
Part VII—Contributing factors	Complete this section for each contributing factor identified in the outbreak.

Notes:

Throughout the data collection instrument, boxes (☐) mean that there could be multiple answers to the question, while circles (◯) mean that there is only one answer to the question.

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Part I- General characterization of the outbreak and outbreak response: Complete this form for each outbreak, in consultation with the investigation team, at the end of the investigation.

Outbreak description			
1. Did the exposure(s) take place in a single or multiple locations (ex: one restaurant or two or more restaurants, one restaurant or a restaurant and a school)?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple		
2. Did the exposure(s) occur in a single state or multiple states?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple		
3. Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple		
4. How many food service establishment locations within your jurisdiction were associated with this outbreak?	#:		
5. How many environmental assessments were conducted at food service establishments in your jurisdiction as a part of this outbreak?	#:		
5a. If <u>no</u> environmental assessments were conducted: Why were no environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak?			
6. How many non-food service establishments in your jurisdiction were associated with this outbreak?	#:		
6a. If non-food service establishments in your jurisdiction were associated with the outbreak: How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak? (Non-food service establishments include food distribution centers, warehouses, manufacturers, processing plants, or farms.)	#:		
7. Was a primary agent identified (suspected or confirmed) in this outbreak? (Agents are considered confirmed if they are confirmed, as determined by CDC guidelines: https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html)	<input type="checkbox"/> Yes, confirmed <input type="checkbox"/> Yes, suspected <input type="checkbox"/> No		
7a. If a primary agent was identified: What was the identified agent? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Hepatitis A <input checked="" type="radio"/> <i>Bacillus cereus</i> <input type="radio"/> <i>Campylobacter</i> <input type="radio"/> <i>Clostridium perfringens</i> <input type="radio"/> <i>Cryptosporidium</i> <input type="radio"/> <i>Cyclospora</i> <input type="radio"/> <i>E. coli</i> 0157:H7 <input type="checkbox"/> <i>E. coli</i> STEC/VTEC <input type="checkbox"/> <i>Listeria</i> <input type="checkbox"/> Norovirus </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Vibrio parahaemolyticus</i> <input type="checkbox"/> <i>Yersinia</i> <input checked="" type="checkbox"/> Ciguatera toxin <input checked="" type="checkbox"/> Scombrototoxin <input type="checkbox"/> Toxic agent, Describe: _____ <input type="checkbox"/> Other agent, Describe: _____ <input type="checkbox"/> Chemical hazard, Describe: _____ <input type="checkbox"/> Physical hazard, Describe: _____ </td> </tr> </table>		<input type="checkbox"/> Hepatitis A <input checked="" type="radio"/> <i>Bacillus cereus</i> <input type="radio"/> <i>Campylobacter</i> <input type="radio"/> <i>Clostridium perfringens</i> <input type="radio"/> <i>Cryptosporidium</i> <input type="radio"/> <i>Cyclospora</i> <input type="radio"/> <i>E. coli</i> 0157:H7 <input type="checkbox"/> <i>E. coli</i> STEC/VTEC <input type="checkbox"/> <i>Listeria</i> <input type="checkbox"/> Norovirus	<input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Vibrio parahaemolyticus</i> <input type="checkbox"/> <i>Yersinia</i> <input checked="" type="checkbox"/> Ciguatera toxin <input checked="" type="checkbox"/> Scombrototoxin <input type="checkbox"/> Toxic agent, Describe: _____ <input type="checkbox"/> Other agent, Describe: _____ <input type="checkbox"/> Chemical hazard, Describe: _____ <input type="checkbox"/> Physical hazard, Describe: _____
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8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8a. If the outbreak was reported to a state or local program: Select the state or local surveillance system(s) where this outbreak was reported. (Check all that apply)	<input type="checkbox"/> State – outbreak reporting number assigned by the state: _____ <input type="checkbox"/> Local – outbreak reporting number assigned by the jurisdiction: _____ <input type="checkbox"/> Other, Describe: _____		

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9. Was this outbreak reported to a national surveillance system?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
9a. <i>If the outbreak was reported to a national program:</i> Select the national surveillance system(s) where this outbreak was reported and record the corresponding reporting number. <i>(Check all that apply)</i>	<input type="checkbox"/> NORS - STATEID: _____ <input type="checkbox"/> NORS - CDCID: _____ <input type="checkbox"/> PulseNet – outbreak code: _____ <input type="checkbox"/> CaliciNet – outbreak number: _____ <input type="checkbox"/> Other, <i>Describe:</i> _____												
Suspected/confirmed food													
10. Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?	<input checked="" type="radio"/> Yes <i>Complete Parts Va and Vb, Suspected/Confirmed Foods</i> <input type="radio"/> No												
10a. <i>If an ingredient/food was <u>not</u> suspected or confirmed:</i> Explain why this outbreak was considered foodborne.													
11. Provide any comments that would help describe the foods involved in this outbreak.													
Contributing factors/other													
12. Were any contributing factors identified in this outbreak?	<input type="checkbox"/> Yes <i>Complete Part VII, Contributing Factors</i> <input type="checkbox"/> No												
13. What activities were conducted during the outbreak investigation to try to identify the contributing factors? <i>(Check all that apply)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Routine inspection <input type="checkbox"/> Interviews with establishment manager(s) <input type="checkbox"/> Interviews with establishment worker(s) <input type="checkbox"/> Observation of general food preparation activities during establishment visit <input type="checkbox"/> Food preparation review <input type="checkbox"/> Assumed based on etiology <input type="checkbox"/> Environmental sampling </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Food sampling <input type="checkbox"/> Clinical sampling <input type="checkbox"/> Epidemiologic investigation (case-control or cohort study) <input type="checkbox"/> Interviews with cases (but not controls) <input type="checkbox"/> Traceback <input type="checkbox"/> Other, <i>Describe:</i> </td> </tr> </table>	<input type="checkbox"/> Routine inspection <input type="checkbox"/> Interviews with establishment manager(s) <input type="checkbox"/> Interviews with establishment worker(s) <input type="checkbox"/> Observation of general food preparation activities during establishment visit <input type="checkbox"/> Food preparation review <input type="checkbox"/> Assumed based on etiology <input type="checkbox"/> Environmental sampling	<input type="checkbox"/> Food sampling <input type="checkbox"/> Clinical sampling <input type="checkbox"/> Epidemiologic investigation (case-control or cohort study) <input type="checkbox"/> Interviews with cases (but not controls) <input type="checkbox"/> Traceback <input type="checkbox"/> Other, <i>Describe:</i>										
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14. Please rate the quality of communication between the food regulatory program and the communicable disease program during this outbreak investigation.													
<table style="width: 100%; text-align: center; border: none;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Very poor</td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Very good</td> <td>There was no communication</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very poor	Poor	Fair	Good	Very good	There was no communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Very poor	Poor	Fair	Good	Very good	There was no communication								

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15. What were the environmental antecedent(s) of this outbreak? (Check all that apply.)	
<input type="checkbox"/> Lack of training of employees on specific processes <input type="checkbox"/> Lack of oversight of employees/ enforcement of policies <input type="checkbox"/> High turnover of employees or management <input type="checkbox"/> Low/insufficient staffing <input type="checkbox"/> Lack of a food safety culture/ attitude towards food safety <input type="checkbox"/> Language barrier between management and employees <input type="checkbox"/> Insufficient capacity of equipment (not enough equipment for the processes) <input type="checkbox"/> Equipment is improperly used <input type="checkbox"/> Lack of preventative maintenance on equipment <input type="checkbox"/> Improperly sized or installed equipment for the facility	<input type="checkbox"/> Poor facility layout <input type="checkbox"/> Lack of sick leave or other financial incentives to adhere to good practices <input type="checkbox"/> Lack of needed supplies for the operation of the restaurant <input type="checkbox"/> Insufficient process to mitigate the hazard <input type="checkbox"/> Employees or managers are not following the facility's process <input type="checkbox"/> Food not treated as TCS (may include non-TCS foods that have been contaminated) <input type="checkbox"/> Other, <i>Describe</i> :
16. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).	
17. Were any immediate control measures implemented for this outbreak?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. If immediate control measures were implemented, what were they? Check all that apply.	<input type="checkbox"/> Re-trained or trained food worker(s) <input type="checkbox"/> Discarded food <input type="checkbox"/> Cleaned and sanitized/disinfected restaurant <input type="checkbox"/> Closed restaurant <input type="checkbox"/> Excluded ill/infectious workers <input type="checkbox"/> Changed operational practice <input type="checkbox"/> Repaired/replaced/removed equipment <input type="checkbox"/> Embargoed food products <input type="checkbox"/> Public notification <input type="checkbox"/> Other, <i>Describe</i> :

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Part II- Establishment characterization, categorization, and menu review: Complete this form after the establishment observation and manager interview are conducted, and sampling activities are complete.

1. Date the establishment was identified for an environmental assessment (MM/DD/YYYY):	/ /
2. Date of first contact with establishment management (MM/DD/YYYY):	/ /
3. Number of visits to the establishment to complete this environmental assessment:	#:
4. Number of contacts with the establishment other than visits (Ex: phone calls, phone interviews with staff, faxes) to complete this environmental assessment:	#:
5. Facility type	<input type="checkbox"/> Camp <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Caterer <input type="checkbox"/> Nursing home <input type="checkbox"/> Church <input type="checkbox"/> Temporary food stand <input type="checkbox"/> Correctional facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Daycare center <input type="checkbox"/> Restaurant in a supermarket <input type="checkbox"/> Feeding site <input type="checkbox"/> School food service <input type="checkbox"/> Food cart <input type="checkbox"/> Workplace cafeteria <input type="checkbox"/> Grocery store <input type="checkbox"/> Cottage/home-based food operation <input type="checkbox"/> Hospital <input type="checkbox"/> Other, <i>Describe:</i>
6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?	#:
6a. If critical violations were noted: Mark any of the following observed during the last routine inspection.	
1. Improper hot/cold holding temperatures of foods (TCS/PHF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improper cooking temperatures of food	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Soiled and/or contaminated utensils and equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Poor employee health and hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Food from unsafe sources	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was a translator needed to communicate with the kitchen manager during the environmental assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If a translator was needed: Was a translator used to communicate with the kitchen manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was a translator needed to communicate with the food workers during the environmental assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. If a translator was needed: Was a translator used to communicate with the food workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Establishment type: Prep-serve=all food items are prepared and served without a kill step. Cook-serve=at least one food item is prepared for same day service and involves a kill step. Complex=at least one food item requires a kill step and holding beyond same-day service or a kill step and some combination of holding, cooling, freezing, reheating	<input type="checkbox"/> Prep Serve <input type="checkbox"/> Cook Serve <input type="checkbox"/> Complex
10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. If establishment serves raw or undercooked animal products: Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on the menu, on a sign)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>11a1. <i>If establishment serves raw or undercooked animal products and has an advisory: Where is the consumer advisory located? (Check all that apply)</i></p>	<p><input type="checkbox"/> On the menu as a footnote <input type="checkbox"/> On the menu in the menu item description <input type="checkbox"/> On a sign <input type="checkbox"/> Other, <i>Describe:</i></p>
<p>12. Which one of these options best describes the menu for this establishment?</p>	<p><input type="checkbox"/> American (non-ethnic) <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Mexican <input type="checkbox"/> Mediterranean/ Middle Eastern <input type="checkbox"/> Japanese <input type="checkbox"/> Other, <i>Describe:</i></p>
<p>Samples</p>	
<p>13. Were any samples taken in this establishment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If any samples were positive, complete Part VI, Positive samples</i></p>
<p>13a. <i>If environmental samples were taken: Where were they taken? (Check all locations that apply and enter the number of samples taken at each location.)</i></p>	<p><input type="checkbox"/> Floor drain, #: _____ <input type="checkbox"/> Inside any cooling unit (ex., walk-in, reach-in) #: _____ <input type="checkbox"/> Food prep table, #: _____ <input type="checkbox"/> Inside any heating unit #: _____ <input type="checkbox"/> Utensil (ex., tongs, pan) #: _____ <input type="checkbox"/> Wall, ceiling, #: _____ <input type="checkbox"/> Sink, #: _____ <input type="checkbox"/> Floor (ex., floor, floor mat) #: _____ <input type="checkbox"/> Slicer, #: _____ <input type="checkbox"/> Other, #: _____ <i>Describe:</i></p>
<p>13b. <i>If food samples were taken: What foods or ingredients were sampled? (Check all that apply and enter the number of samples taken of each food.)</i></p>	<p>The names given below should match the specific food name(s) given in Part V.</p> <p><input type="checkbox"/> Specific food ingredient A, #: _____ Name _____</p> <p><input type="checkbox"/> Specific food ingredient B, #: _____ Name _____</p> <p><input type="checkbox"/> Specific food ingredient C, #: _____ Name _____</p> <p><input type="checkbox"/> Specific food ingredient D, #: _____ Name _____</p> <p>The names given below should match the multi-ingredient food name(s) given in Part V.</p> <p><input type="checkbox"/> Multi-ingredient food A, #: _____ Name _____</p> <p><input type="checkbox"/> Multi-ingredient food B, #: _____ Name _____</p> <p><input type="checkbox"/> Multi-ingredient food C, #: _____ Name _____</p> <p><input type="checkbox"/> Multi-ingredient food D, #: _____ Name _____</p>

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Part III- Manager interview: Conduct an establishment manager interview after an establishment has been identified for an environmental assessment. This form provides a semi-structured interview; you can probe for more information as needed. *Read bold text aloud.* Do not read answer choices aloud unless they are bolded. Do not read the *Unsure* or *Refused* answer choices.

1. How long was the interview(s)? *Number of minutes:* _____

2. Date the manager interview was initiated (MM/DD/YYYY): _____ / _____ / _____

READ ALOUD: I'd like to ask you some questions about this establishment. Please be as open and honest as possible. The first few questions focus on the establishment in general. For these questions, please make your best estimate if you do not know the exact answer.

3. Is this an independent establishment or a chain establishment?

- Independent Unsure
 Chain Refused

4. Approximately how many meals are served here daily? Meals can be estimated using number of customers served or ticket orders. #_____ Unsure Refused

5. What is the establishment's busiest day, in terms of number of meals served?

- Monday Friday Unsure
 Tuesday Saturday Refused
 Wednesday Sunday
 Thursday

6. Are any foods prepared or partially prepared at a commissary or other location?

- Yes Unsure
 No Refused

7. Other than daily specials, when was the last time food items were added to your menu(s)?

- No changes to menu items have occurred More than a month ago
 In the last WEEK Unsure
 In the last MONTH Refused

READ ALOUD: The next few questions focus on kitchen managers. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the

8. Approximately how long have you been employed as a kitchen manager in this establishment?

- Length: _____ Unsure Refused

9. Approximately how long have you worked as a kitchen manager?

- Length: _____ Unsure Refused

10. How many kitchen managers, including you, are currently employed in this establishment? If you aren't sure, use your best guess.

- Number of kitchen managers: _____ Unsure Refused

READ ALOUD: The next few questions focus on the language-related knowledge and skills of all kitchen managers in your establishment. Please think about your language abilities and those of other kitchen managers in this establishment.

For these questions, fluent means able to clearly, easily, and readily understand and communicate verbal messages in the language specified. If a manager is bilingual or trilingual please tell me all languages he or she speaks fluently. For these questions, please make your best estimate if you do not know the exact answer.

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11. What language(s) do you and other managers in this establishment speak fluently? (Check all that apply)

- English Chinese (any dialect)
 Spanish Japanese
 French Other(Please describe): _____

12. What languages do you and other managers speak at work? (Check all that apply)

- English Chinese (any dialect)
 Spanish Japanese
 French Other (Please describe): _____

READ ALOUD: The next few questions ask about kitchen manager food safety training and certification.

13. Do any kitchen managers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.

- Yes Unsure *Skip to next Read Aloud*
 No *Skip to next read Aloud* Refused *Skip to next Read Aloud*

13a. How many kitchen managers have had food safety training? If you aren't sure, use your best guess.

- Number of managers: _____ Unsure
 Refused

13b. What type of food safety training do kitchen managers (you) receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)

- on-the-job training. (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)
 a class or course taken at a university, community college, culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)
 a class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, or AboveTraining/StateFoodSafety.com.

READ ALOUD: The next few questions ask about kitchen manager food safety certification, where you receive a certificate upon completion of the training course.

14. Are any kitchen managers, including you, food safety certified?

- Yes Unsure *Skip to next Read Aloud*
 No *Skip to next Read Aloud* Refused *Skip to next Read Aloud*

15. Does this establishment require that kitchen managers have a food safety certification?

- Yes Unsure
 No Refused

15a. How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI accredited program? These include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, or AboveTraining/StateFoodSafety.com? If you aren't sure, use your best guess.

- Number of managers: _____ Unsure Refused

15b. How often is a certified kitchen manager present during hours of operation? Is it all of the time, most of the time, some of the time, rarely, or none of the time?

- All of the time Most of the time Some of the time Rarely None of the time

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Unsure Refused

READ ALOUD: The next set of questions focuses on food workers, and by food workers I mean employees, excluding managers, who work in the kitchen. This does not include staff who have no food handling responsibilities or who have very limited food contact such as adding garnish or condiments to a plate.

16. How many food workers do you have? If you do not know the exact number, an estimate will be fine.

Number of food workers: _____ If 0, skip to the Read Aloud before #17

Unsure Skip to the Read Aloud before #17 Refused Skip to the Read Aloud before #17

16a. What language(s) do food workers in this establishment speak fluently? (Check all that apply)

- English Chinese (any dialect)
 Spanish Japanese
 French Other (Please describe): _____

16b. What languages do food workers speak at work? (Check all that apply)

- English Chinese (any dialect)
 Spanish Japanese
 French Other (Please describe): _____

READ ALOUD: The next few questions focus on food safety training and certification among food workers, excluding managers.

16c. Do any food workers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.

- Yes Unsure Skip to next Read Aloud
 No Skip to next Read Aloud Refused Skip to next Read Aloud

16c1. How many food workers have had food safety training? Please make your best estimate if you do not know the exact number.

- Number of food workers with training: _____
 Unsure Refused

16c2. What type of food safety training do food workers receive? What type of food safety training do kitchen managers (you) receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)

- on-the-job training. (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)
 a class or course taken at a university, community college, culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)
 a class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, or AboveTraining/StateFoodSafety.com.

READ ALOUD: Now I'm going to ask you some questions about policies you have in this establishment. Food safety policies can be informal, verbal and part of on-the-job or other establishment training or they may be formal, written documents that state the policy.

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17. Does this establishment have a cleaning policy or schedule for

17a. cutting boards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused	<input type="checkbox"/> NA
17b. food slicers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused	<input type="checkbox"/> NA
17c. food preparation tables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused	<input type="checkbox"/> NA
17d. frequently touched customer surfaces like menus, tables, and condiments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused	<input type="checkbox"/> NA

If all of the answers to 17a-17e are No, skip to #18.

17f. If they have any of these policies: Are any of these policies written?

- Yes Unsure *Skip to #18*
 No *Skip to #18* Refused *Skip to #18*

17f1. Which ones? (Check all that apply)

- Cutting boards After vomiting/diarrheal incident
 Food slicers Frequently touched customer surfaces
 Food preparation tables

18. Does this establishment have a policy for disposable glove use?

- Yes Unsure *Skip to next Read Aloud*
 No *Skip to next Read Aloud* Refused *Skip to next Read Aloud*

18a. If there is a glove use policy: Does the glove policy require that food workers wear gloves:

18a1. when they have cuts or other injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused
18a2. when handling ready-to-eat foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused <input type="checkbox"/> NA
18a3. when handling raw meat or poultry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused <input type="checkbox"/> NA
18a4. at all times while working in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Refused

18b. If there is a glove use policy: Is the policy written?

- Yes Unsure
 No Refused

19. Does this establishment have a policy for cleaning up after someone has vomited or had diarrhea in the establishment?

- Yes Unsure *Skip to #20*
 No *Skip to #20* Refused *Skip to #20*

19a. Is this policy written?

- Yes Unsure
 No Refused

READ ALOUD: The next few questions refer to actual food temperatures, not the ambient temperatures where food is stored. The questions refer to temperatures taken using some type of thermometer.

20. Does this establishment have a policy to take the temperature of any incoming food products?

- Yes Unsure
 No Refused

21. Excluding incoming products, does this establishment have a policy to take food temperatures?

- Yes Unsure

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No

Refused

READ ALOUD: Now I'd like to ask you a few questions about worker health policies. Again, I am asking about policies that apply to staff who primarily work with food—not staff who have no or very limited food handling responsibilities.

22. When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?

Yes

Unsure

No

Refused

23. Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?

Yes

Unsure *Skip to #24*

No *Skip to #24*

Refused *Skip to #24*

23a. Is this policy in writing?

Yes

Unsure

No

Refused

23b. Does this policy require ill workers to tell managers what their symptoms are?

Yes

Unsure

No

Refused

23c. Does this policy specify certain symptoms that ill workers are required to tell managers about?

Yes

Unsure *Skip to #24*

No *Skip to #24*

Refused *Skip to #24*

23c1. What are those symptoms? (Check all that apply)

Vomiting

Sore throat with fever

Diarrhea

A lesion containing pus (for ex., boil or infected wound)

Jaundice (yellow eyes or skin)

Other (Please describe): _____

24. Does this establishment have a policy or procedure to restrict or exclude ill workers from working? By restrict I mean the worker can work, but is not allowed to handle food, and by exclude I mean the worker does not work at all.

Yes

Unsure *Skip to next Read Aloud*

No *Skip to next Read Aloud*

Refused *Skip to next Read Aloud*

24a. Is this policy in writing?

Yes

Unsure

No

Refused

24b. Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working?

Yes

Unsure *Skip to next Read Aloud*

No *Skip to next Read Aloud*

Refused *Skip to next Read Aloud*

24b1. What are those symptoms? (Check all that apply)

Vomiting

Sore throat with fever

Diarrhea

A lesion containing pus (for ex., boil or infected wound)

Jaundice (yellow eyes or skin)

Other (Please describe): _____

READ ALOUD: The next few questions focus on the food worker and manager sick leave policy. As I read the following questions please keep in mind that we are asking about managers who have control over the kitchen area or back of the house and food workers that work in the kitchen.

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25. Do any kitchen managers (including you) ever get paid when they miss work because they are ill?

- Yes Unsure *Skip to #26*
 No *Skip to #26* Refused *Skip to #26*

25a. How many kitchen managers get paid when they miss work because they are ill? Please make your best estimate if you do not know the exact number.

- Number of managers: _____ Unsure
 Refused

26. Do any food workers ever get paid when work is missed because they are ill?

- Yes Unsure *Skip to #27*
 No *Skip to #27* Refused *Skip to #27*

26a. How many food workers get paid when they miss work because they are ill? Please make your best estimate if you do not know the exact number.

- Number of workers: _____ Unsure
 Refused

27. Have any practices or policies changed since you were first notified about a potential problem in your restaurant?

- Yes Unsure *End interview* Not applicable *End interview*
 No *End interview* Refused *End interview*

27a. What were those changes?

READ ALOUD: Thank you very much.

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Part IV—Establishment observation: Conduct an establishment observation as soon as possible after an establishment is identified for an environmental assessment. These questions are based on the initial observation of the establishment and the food handling practices at the time of the initial environmental assessment and NOT those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation. Please answer the following questions by observation. If a question is not relevant to the establishment's operation, select 'Not applicable' (N/A).

1. How long was the observation(s)?	Number of minutes:
2. Date observations were initiated (MM/DD/YYYY):	
3. How many hand sinks are in or adjacent to the employee restrooms?	Number of sinks:
3a. If there is at least one hand sink in the employee restrooms: Is warm water (minimum 100°F) available at all employee restroom hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
3b. If there is at least one hand sink in the employee restrooms: Is soap available at (or near) all employee restroom hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
3c. If there is at least one hand sink in the employee restrooms: Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
4. How many hand sinks are located in the work area?	Number of sinks:
4a. If there is at least one hand sink in the work area: Is warm water (minimum 100°F) available at all hand sinks in the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
4b. If there is at least one hand sink in the work area: Is soap available at (or near) all hand sinks in the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
4c. If there is at least one hand sink in the work area: Are paper or cloth drying towels or electric hand dryers available at (or near) all hand sinks in the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no: How many without:</i>
5. Are food workers observed washing their hands using water, soap, appropriate drying methods, and for the appropriate amount of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How many cold storage units are in the establishment?	Number of units: <input type="checkbox"/> N/A
6a. If there is at least one cold storage unit: Which types of units do you observe? (Check all that apply)	<input type="checkbox"/> Reach-in <input type="checkbox"/> Self-serve/Salad bar <input type="checkbox"/> Walk-in <input type="checkbox"/> Open-top units
7. Are any foods observed in cold holding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7a. If cold holding is observed: Are the temperatures of all foods measured in cold holding at 41°F or below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Which of the following practices, if any, are observed during this visit? (Check all that apply)	<input type="checkbox"/> Bare hands to touch non-RTE food <input type="checkbox"/> Bare hands to touch RTE food <input type="checkbox"/> Gloved hands to touch non-RTE food <input type="checkbox"/> Gloved hands to touch RTE food <input type="checkbox"/> Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil)
9. Is there a supply of disposable gloves available in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12a. <i>If there is evidence of cross contamination: Describe:</i>		
13. Is there any evidence of cooling of hot foods observed in this establishment?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13a. <i>If there is cooling of hot foods: What cooling method(s) are used? (Check all that apply)</i>	<input type="checkbox"/> Portioning into smaller pans and cooled in regular cooler <input type="checkbox"/> Portioning into smaller pans and cooled in blast chiller <input type="checkbox"/> Using ice as an ingredient <input type="checkbox"/> Using ice bath for food container before cooling in regular cooler <input type="checkbox"/> Using ice bath for food container before cooling in blast chiller <input type="checkbox"/> Using ice wands before cooling in regular cooler <input type="checkbox"/> Using ice wands before cooling in blast chiller <input type="checkbox"/> Other, <i>Describe:</i>	
13b. <i>If there is cooling of hot foods: Are the cooling methods properly implemented?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are any foods observed in hot holding?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14a. <i>If there are foods in hot holding: Are the temperatures of all foods measured in hot holding at 135°F or above?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are any foods observed during cooking?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15a. <i>If there are foods cooking: Are the temperatures of all foods measured during cooking at or above the recommended temperatures?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are there any thermometers observed in food preparation areas to measure internal food temperatures?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16a. <i>If there are thermometers observed: Are any thermometers observed being used?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? <i>(Check all that apply)</i>		<input type="checkbox"/> Wiping cloths <input type="checkbox"/> Sanitizer buckets <input type="checkbox"/> Disposable sanitizer wipes <input type="checkbox"/> Spray bottle <input type="checkbox"/> Other, <i>Describe:</i>
17a. <i>If wiping cloths are in use: Are all wet wiping cloths stored in sanitizer solution between uses?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
17b. <i>If sanitizer buckets or bottles are in use: Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in the proper range?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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<p>18. Which of the following methods does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Mechanical washing machines <input type="checkbox"/> Manual washing <input type="checkbox"/> Other, <i>describe:</i> <input type="checkbox"/> N/A
<p>18a. <i>If there is a mechanical washer:</i> Does the wash cycle reach the temperatures recommended for the mechanical washing machine?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18b. <i>If there is a mechanical washer:</i> How is sanitization achieved? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Heat <input type="checkbox"/> Chemical
<p>18b1. <i>If heat used to sanitize:</i> Does the sanitizing cycle reach the temperatures recommended for sanitization?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Out of order
<p>18b2. <i>If chemical used to sanitize:</i> Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Out of order
<p>18c. <i>If there is manual washing:</i> What type of sink is used for manual washing? <i>(Check all that apply)</i></p>	<input type="checkbox"/> 3-compartment <input type="checkbox"/> 2-compartment <input type="checkbox"/> Other, <i>Describe:</i>
<p>18d. <i>If there is manual washing:</i> Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly? <i>(Check all that apply)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, steps not in proper order <input type="checkbox"/> No, wash solution did not contain soap <input type="checkbox"/> No, solution(s) were soiled <input type="checkbox"/> No, sanitizing method not implemented properly <input type="checkbox"/> No, missing steps <input type="checkbox"/> No, did not air dry <input type="checkbox"/> No, Other, <i>Describe:</i>
<p>19. Are any signs and instructions posted in the establishment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19a. <i>If yes:</i> Do any use pictures or symbols to communicate a message?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19b. <i>If yes:</i> What languages do you observe on signs or instructions posted for food workers? <i>(Check all that apply)</i></p>	<input type="checkbox"/> English <input type="checkbox"/> Chinese (any dialect) <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> French <input type="checkbox"/> No written words <input type="checkbox"/> Other, <i>Describe:</i>

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Part Va- Suspected/confirmed foods: Complete this section for each suspected/confirmed food.

Suspected/confirmed food #	#:
1. What is the name of the suspected or confirmed ingredient/food vehicle? <i>Note:</i> Name should match Part I, 13b.	
2. Is this food a single specific ingredient or multi-ingredient?	<input type="radio"/> Single specific ingredient food (ex: ground beef) <input type="radio"/> Multi-ingredient food (ex: hamburger sandwich)
3. Select the reason that best describes how this single specific ingredient or multi-ingredient food was implicated in the outbreak.	<input type="radio"/> Suspected 1: Outbreak agent was not identified but the ingredient/food is commonly associated with the type of agent suspected based on symptoms of the ill (ex: ill persons' symptoms suggest an agent and the ingredient is commonly associated with the agent type, ex: <i>Salmonella</i> Enteritidis and eggs). <input type="radio"/> Suspected 2: A statistical significance was found for this ingredient/food that was consumed by those ill. <input type="radio"/> Suspected 3: Agent was laboratory-confirmed based on clinical samples and the ingredient/food is commonly associated with agent. <input type="radio"/> Suspected 4: Agent was laboratory-confirmed based on clinical samples and a statistical significance was found for this ingredient/food that was consumed by those ill. <input type="radio"/> Confirmed 1: Agent was laboratory-confirmed in epidemiologically-linked food samples. (<i>See Part V of the NEARS Instruction Manual for the exception to this definition.</i>) <input type="radio"/> Confirmed 2: Agent was laboratory-confirmed based on clinical samples and a matching agent was found in food samples.
4. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption?	<input type="radio"/> Prep Serve: NO kill step; may include heating commercially prepared foods for service. <input type="radio"/> Cook Serve: Kill step; may be followed by hot holding but is prepared for same-day service. <input type="radio"/> Complex 1: Kill step, followed by holding beyond same-day service. <input type="radio"/> Complex 2: Kill step, followed by holding and cooling. <input type="radio"/> Complex 3: Kill step, followed by holding, cooling, and reheating. <input type="radio"/> Complex 4: Kill step, followed by holding, cooling, freezing, and reheating.
5. During the likely time the ingredient/food was prepared, were any events noted that appeared to be different from the ordinary operating circumstances or procedures, as described by managers and/or workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. <i>If events appeared to be different from ordinary circumstances:</i> How would those events best be characterized? (<i>Check all that apply</i>)	Differences with: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Ingredient(s) used (ex: different source or form, a substitution) <input type="checkbox"/> How ingredient(s) were handled <input type="checkbox"/> Method of preparation, cooking, holding, serving the food <input type="checkbox"/> Equipment used to handle the food <input type="checkbox"/> Equipment used to cook the food </div> <div style="width: 50%;"> <input type="checkbox"/> Equipment used to store or hold the food <input type="checkbox"/> Equipment used to clean and sanitize food contact surfaces <input type="checkbox"/> Employees involved in preparing, cooking, holding, and/or serving food <input type="checkbox"/> Ill employees <input type="checkbox"/> Ill family members <input type="checkbox"/> Other, <i>Describe:</i> </div> </div>

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Part Vb- Suspected/confirmed Food, ingredients: Complete this section for EACH ingredient in the suspected/confirmed food(s).

1. Name of ingredient		
2. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe:		
3. Did any of the following intend for the food to be consumed <u>raw or undercooked</u>? (Check all that apply)		<input type="checkbox"/> Manufacturer/Processor <input type="checkbox"/> Establishment <input type="checkbox"/> Customer <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
4. If ingredient is:		
a. Poultry, Select the type:	<input type="radio"/> Chicken <input type="radio"/> Goose <input type="radio"/> Other (ex: emu), <i>Describe:</i> <input type="radio"/> Turkey <input type="radio"/> Duck:	
b. Seafood, Select the type:	<input type="radio"/> Fin fish (ex: trout, cod) <input type="radio"/> Crustaceans (ex: shrimp) <input type="radio"/> Other seafood, <i>Describe:</i> <input type="radio"/> Shellfish (ex: oysters) <input type="radio"/> Marine mammals (ex: dolphins)	
c. Beef, pork, lamb, other meat, Select the type:	<input type="radio"/> Beef <input type="radio"/> Lamb <input type="radio"/> Pork <input type="radio"/> Miscellaneous meat (ex: goat, rabbit), <i>Describe:</i>	
d. Poultry, seafood, beef, pork, lamb, other meat, Select the best description of the product upon arrival at the food service establishment:	<input type="radio"/> Raw, nonfrozen <input type="radio"/> Commercially processed precooked, may require heating for palatability (ex: deli meat, hot dogs, fully cooked frozen fish heated for service) <input type="radio"/> Dried/Smoked <input type="radio"/> Raw, frozen <input type="radio"/> Commercially processed, further cooking required (ex: chicken nuggets that require full cooking) <input type="radio"/> Other, <i>Describe:</i> <input type="radio"/> Raw, intended for raw service (ex: oysters, steak tartare)	
e. Dairy, Select the best description of the product upon arrival at the food service establishment:	<input type="radio"/> Pasteurized fluid milk <input type="radio"/> Pasteurized dairy product, <i>Describe:</i> <input type="radio"/> Cheese, <i>Describe:</i> <input type="radio"/> Unpasteurized fluid milk <input type="radio"/> Unpasteurized dairy product, <i>Describe:</i>	
f. Eggs, Select the best description of the product upon arrival at the food service establishment:	<input type="radio"/> Pasteurized in-shell eggs <input type="radio"/> Pasteurized egg product <input type="radio"/> Unpasteurized egg product <i>Describe the egg ingredient:</i>	
g. If ingredient is a plant or plant product, Select the type:	<input type="radio"/> Fruit (ex: apples, berries, citrus) <input type="radio"/> Nuts/Seeds (ex: pecans, sesame seeds) <input type="radio"/> Grains/Cereal products (ex: bread, pasta) <input type="radio"/> Fungi (ex: mushrooms) <input type="radio"/> Grains/Cereals (ex: rice, wheat, oats) <input type="radio"/> Produce <i>Describe the plant ingredient:</i>	
h. If ingredient is produce, Select the type:	<input type="radio"/> Greens (ex: romaine, spinach) <input type="radio"/> Root vegetable (ex: potatoes, garlic) <input type="radio"/> Sprouts (ex: alfalfa) <input type="radio"/> Vine or above ground vegetable (ex: asparagus, black beans) <i>Describe the produce ingredient:</i>	
i. If ingredient is a plant or plant product, Select the best description of the plant product upon arrival at the food service establishment:	<input type="radio"/> Raw, whole, nonfrozen (ex: green beans) <input type="radio"/> Commercially processed fresh product (ex: bagged lettuce) <input type="radio"/> Commercially processed - canned <input type="radio"/> Raw, frozen (ex: frozen corn) <input type="radio"/> Other, <i>Describe:</i>	
j. If ingredient is not described in the previous categories, Describe the ingredient:		

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Part VI- Positive samples: Complete this section for each positive sample.

Positive sample #			
1. Describe the agent(s) found in the sample.	a. Agent (Check all that apply)	b. Serotype, if identified	c. Matched a clinical sample
	<input type="checkbox"/> Hepatitis A		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Bacillus cereus</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Campylobacter</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Clostridium perfringens</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Cryptosporidium</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Cyclospora</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>E. coli</i> 0157:H7		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>E. coli</i> STEC/VTEC		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Listeria</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Norovirus		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Salmonella</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Shigella</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Staphylococcus aureus</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Vibrio parahaemolyticus</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Yersinia</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Ciguatera toxin</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <i>Scombrototoxin</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Toxic agent, <i>Describe:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Chemical hazard, <i>Describe:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Physical hazard, <i>Describe:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other, <i>Describe:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Where was the sample taken?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Floor drain <input type="radio"/> Food prep table <input type="radio"/> Utensil (ex: tongs, pan) <input type="radio"/> Sink </div> <div style="width: 45%;"> <input type="checkbox"/> Slicer <input type="checkbox"/> Inside any cooling unit (ex: walk-in, reach-in) <input type="checkbox"/> Inside any heating unit </div> <div style="width: 45%;"> <input type="checkbox"/> Wall, ceiling <input type="checkbox"/> Floor (ex: floor itself, floor mat) <input type="checkbox"/> Other, <i>Describe:</i> </div> </div> <p>The name given below should match the specific food name given in Part Va.</p> <input type="checkbox"/> Specific food ingredient, <i>Describe:</i> The name given below should match the multi- ingredient food name given in Part Vb.		
3. Provide any other information about the specific sample. (ex: presence/absence, detect/non-detect, and results with a value (pH, X ppm, X cfu/g))			

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Part VII—Contributing factors: Complete this section for each identified contributing factor in this outbreak. Contributing factors are defined in the Definitions of Factors Contributing to Outbreaks section of the *NEARS Instruction Manual*.

Contributing factor #	#:
<p>1. Which contributing factors were identified? (Check all that apply)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="radio"/> C1</p> <p><input type="radio"/> C2</p> <p><input type="radio"/> C3</p> <p><input type="radio"/> C4</p> <p><input type="radio"/> C5</p> <p><input type="radio"/> C6</p> <p><input type="radio"/> C7</p> <p><input type="radio"/> C8</p> <p><input type="radio"/> C9</p> <p><input type="radio"/> C10</p> <p><input type="radio"/> C11</p> <p><input type="radio"/> C12</p> <p><input type="radio"/> C13</p> <p><input type="radio"/> C14</p> <p><input type="radio"/> C15 ,Other, Describe:</p> </div> <div style="width: 30%;"> <p><input type="radio"/> P1</p> <p><input type="radio"/> P2</p> <p><input type="radio"/> P3</p> <p><input type="radio"/> P4</p> <p><input type="radio"/> P5</p> <p><input type="radio"/> P6</p> <p><input type="radio"/> P8</p> <p><input type="radio"/> P9</p> <p><input type="radio"/> P10</p> <p><input type="radio"/> P11</p> <p><input type="radio"/> P12 Other, Describe:</p> </div> <div style="width: 30%;"> <p><input type="radio"/> S1</p> <p><input type="radio"/> S2</p> <p><input type="radio"/> S3</p> <p><input type="radio"/> S4</p> <p><input type="radio"/> S5 Other, Describe:</p> </div> </div>
<p>2. In your judgment, was this the primary contributing factor for this outbreak?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Briefly explain why this is a contributing factor in this outbreak.</p>	
<p>4. When did this factor most likely occur?</p>	<p><input type="radio"/> Before vehicle entry into the food service establishment</p> <p><input type="radio"/> While the vehicle was at the food service establishment</p> <p><input type="radio"/> After the vehicle left the food service establishment</p>