Form Approved

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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)?
 |  Single Multiple |
| **2.** Did the exposure(s) occur in a single state or multiple states? |  Single Multiple |
| **3.** Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes? |  Single 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 no environmental assessments were conducted*: Why were no environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak? |
| 1. 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.) | #: |
| 1. Was a primary agent identified (suspected or confirmed) in this outbreak?

(Agents are considered confirmed if they are laboratory-confirmed, as determined by CDC guidelines: [https://www.cdc.gov/ foodsafety/](https://www.cdc.gov/%20foodsafety/)outbreaks/investigating-outbreaks/confirming\_diagnosis.html) |  Yes, confirmed Yes, suspected No  |
| **7a.** *If a primary agent was identified:* What was the identified agent?

|  |  |
| --- | --- |
|  Hepatitis A |  *Salmonella* |
| * + *Bacillus cereus*
 |  *Shigella* |
| * + *Campylobacter*
 |  *Staphylococcus aureus* |
| * + *Clostridium perfringens*
 |  *Vibrio parahaemolyticus* |
| * + *Cryptosporidium*
 |  *Yersinia* |
| * + *Cyclospora*
 |  Toxic agent, *Describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  *E. coli* 0157:H7 |  Other agent, *Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| * + *E. coli* STEC/VTEC
 |  Chemical hazard, *Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| * + *Listeria*
 |  Physical hazard, *Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| * + Norovirus
 |  |

 |
| **7b.** *If a primary agent was identified:* Was a serotype identified for this outbreak?  |  Yes  No |
| **7c.** *If a primary agent was identified:* What was the identified serotype? |
| **8.** Was this outbreak reported to a state or local Communicable Disease Surveillance Program? |  Yes  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)* | * + State – outbreak reporting number assigned by the state:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* + Local – outbreak reporting number assigned by the jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other, *Describe*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9.** Was this outbreak reported to a national surveillance system?  |  Yes  No  |
| **9a.** *If the outbreak was reported to a national program:* Select the national surveillance system(s) where this outbreak was reported and record the corresponding reporting number. *(Check all that apply)* | * + NORS – CDC Report ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ PulseNet – outbreak code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ CaliciNet – reporting number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* + NNDSS – reporting number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* + Other, *Describe*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Suspected/confirmed food** |
| **10.** Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak? | * + Yes

*Complete Parts Va and Vb, Suspected/Confirmed Foods* * + No
 |
| **10a.** *If an ingredient/food was not suspected or confirmed:* Explain why this outbreak was considered foodborne.  |
| **11.** Provide any comments that would help describe the foods involved in this outbreak.  |
| **Contributing factors/other** |
| **11.** Were any contributing factors identified in this outbreak? |  Yes *Complete Part VII, Contributing Factors*  No |
| **12.** What activities were conducted during the outbreak investigation to try to identify the contributing factors? *(Check all that apply)* |

|  |  |
| --- | --- |
| * Routine environmental inspection
* Interviews with establishment manager(s)
* Interviews with establishment worker(s)
* Observation of general food preparation activities during establishment visit
* Assumed based on etiology
 | * Environment sampling
* Food sampling
* Clinical sampling
* Epidemiologic investigation (case-control or cohort study)
* Interviews with cases (but not controls)
* Other, *Describe*:
 |

 |
| 1. Please rate the quality of communication between the food regulatory program and the communicable disease program during this outbreak investigation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Very poor | Poor | Fair | Good | Very good | There was no communication |

 |
| 1. What were the environmental antecedent(s) of this outbreak? *(Check any that apply.)*

|  |  |
| --- | --- |
| 🞏 Lack of training of employees on specific processes🞏 Lack of oversight of employees/ enforcement of policies🞏 High turnover of employees or management🞏 Low/insufficient staffing🞏 Lack of a food safety culture/ attitude towards food safety🞏 Language barrier between management and employees🞏 Insufficient capacity of equipment (not enough equipment for the processes)🞏 Equipment is improperly used🞏 Lack of preventative maintenance on equipment🞏 Improperly sized or installed equipment for the facility | 🞏 Poor facility layout🞏 Lack of reinvestment in the restaurant🞏 Lack of sick leave or other financial incentives to adhere to good practices🞏 Lack of needed supplies for the operation of the restaurant🞏 Insufficient process to mitigate the hazard🞏 Employees or managers are not following the facility’s process🞏 Food not treated as TCS (may include non-TCS foods that have been contaminated)🞏 Other, *Describe*: |

 |
| 1. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).
 |
| 1. Were any immediate control measures implemented for this outbreak?
 |  Yes  No  |
| **16a.** *If immediate control measures were implemented*: Briefly describe these measures. |

|  |  |
| --- | --- |
| 🞏 Re-trained or trained food worker(s)🞏 Discarded food🞏 Cleaned and sanitized/disinfected restaurant🞏 Closed restaurant🞏 Excluded ill/infectious workers | 🞏 Changed operational practice🞏 Repaired/replaced/removed equipment🞏 Embargoed food products🞏 Other, *Describe*: |

 |

**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):
 |  / /  |
| 1. Date of first contact with establishment management (MM/DD/YYYY):
 |  / /  |
| 1. Number of visits to the establishment to complete this environmental assessment:
 | #: |
| 1. Number of contacts with the establishment other than visits (Ex: phone calls, phone interviews with staff, faxes) to complete this environmental assessment:
 | #: |
| 1. Facility type
 |

|  |  |
| --- | --- |
|  Camp |  Mobile food unit |
|  Caterer |  Nursing home |
|  Church |  Temporary food stand |
|  Correctional facility |  Restaurant |
|  Daycare center |  Restaurant in a supermarket |
|  Feeding site |  School food service |
|  Food cart |  Workplace cafeteria |
|  Grocery store |  Other, *Describe:* |
|  Hospital |  |

 |
| 1. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?
 | #: |
| 1. Was a translator **needed** to communicate with the kitchen manager during the environmental assessment?
 |  Yes  No   |
| **7a.** *If a translator was needed:* Was a translator **used** to communicate with the kitchen manager?  |  Yes  No |
| 1. Was a translator **needed** to communicate with the food workers during the environmental assessment?
 |  Yes  No |
| **8a.** *If a translator was needed:* Was a translator **used** to communicate with the food workers?  |  Yes  No |
| 1. 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 |  Prep Serve  Cook Serve  Complex |
| 1. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?
 |  Yes  No |
| 1. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?
 |  Yes  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)? |  Yes  No |
| **11a1.** *If establishment serves raw or undercooked animal products and has an advisory:* Where is the consumer advisory located? *(Check all that apply)* | 🞏 On the menu as a footnote 🞏 On the menu in the menu item description 🞏 On a sign🞏 Other, *Describe:* |
| 1. Which one of these options best describes the menu for this establishment?
 |  American (non-ethnic)  French Chinese  Italian Thai  Mexican Japanese  Other, *Describe*: |

|  |
| --- |
| **Samples** |
| 1. Were any samples taken in this establishment?
 |  Yes  No*If any samples were positive, complete Part VI, Positive samples* |
| **13a.** *If environmental samples were taken:* Where were they taken? *(Check all locations that apply and enter the number of samples taken at each location and enter the number of samples taken for each location)*  |

|  |  |
| --- | --- |
| * Floor drain, #: \_\_\_\_
* Food prep table, #:\_\_\_\_
* Utensil (ex., tongs, pan) #:\_\_\_\_
* Sink, #:\_\_\_\_
* Slicer, #:\_\_\_\_
 | * Inside any cooling unit (ex., walk-in, reach-in) #:\_\_\_\_
* Inside any heating unit #:\_\_\_\_
* Wall, ceiling, #:\_\_\_\_
* Floor (ex., floor, floor mat) #:\_\_\_\_
* Other, #:\_\_\_\_ *Describe:*
 |

 |
| **13b.** *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.)*  | The names given below should match the specific food name(s) given in Part V.🞏 Specific food ingredient A, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Specific food ingredient B, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Specific food ingredient C, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Specific food ingredient D, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Specific food ingredient E, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The names given below should match the multi- ingredient food name(s) given in Part V.🞏 Multi-ingredient food A, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Multi-ingredient food B, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Multi-ingredient food C, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Multi-ingredient food D, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Multi-ingredient food E, #:\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **What is the most recent** [**CDC/ATSDR SVI**](https://svi.cdc.gov/map.html) **overall score for establishment’s census tract (based on the establishment’s street address)? Go to:** [**https://svi.cdc.gov/map.html**](https://svi.cdc.gov/map.html)**.**
 | SVI Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Possible scores range from **0** (lowest vulnerability) to **1** (highest vulnerability). |

**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).

|  |  |
| --- | --- |
| **1a.** How long was the observation? | Number of minutes: |
| **1b.** Date observations were initiated (MM/DD/YYYY): |  |
| **2.** How many hand sinks are in or adjacent to the employee restrooms? | Number of sinks: |
| **2a.** *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? |  Yes  No *If no:* How many  without: |
| **2b.** *If there is at least one hand sink in the employee restrooms:* Is soap available at (or near) all employee restroom hand sinks? |  Yes  No *If no:* How many  without: |
| **2c.** *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? |  Yes  No *If no:* How many  without: |
| **3.** How many hand sinks are in located in the work area? | Number of sinks: |
| **3a.** *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? |  Yes  No *If no:* How many  without: |
| **3b.** *If there is at least one hand sink in the work area:* Is soap available at (or near) all available at all hand sinks in the work area? |  Yes  No *If no:* How many  without: |
| **3c.** *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 available at all hand sinks in the work area? |  Yes  No *If no:* How many  without: |
| If workers are observed washing their hands, do the hand washes include water, hand cleanser, appropriate drying methods, and are they for the appropriate length of time (approximately)? |  Yes  No  |
| **5.** How many cold storage units are in the establishment? | Number of units: N/A |
| **5a.** *If there is at least one cold storage unit:* Which types of units did you observe? (*Check all that apply*) | 🞏 Reach-in 🞏 Self-serve/Salad bar🞏 Walk-in 🞏 Open-top units |
| **6.** Were any foods observed in cold holding? |  Yes  No  N/A |
| **6a.** *If cold holding was observed:* Were the temperatures of all foods measured in cold holding at 41°F or below? |  Yes  No  |
| **7.** Are any food workers using gloves while handling food? |  Yes  No  N/A |
| **8.** Is there a supply of disposable gloves available in the establishment? |  Yes  No  |
| **9.** Are food workers using any methods besides gloves to prevent bare hand contact with ready-to-eat food? |  Yes  No  N/A |
| **9a.** *If methods besides gloves are used:* What methods? | 🞏 Tongs 🞏 No 🞏 Paper 🞏 Spatula 🞏 Other utensil 🞏 Other, *Describe:* |
| **10.** Are any food workers handling ready-to-eat foods with bare hands? |  Yes  No  N/A |
| **11.** Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded? |  Yes  No  N/A |
| **12.** Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded? |  Yes  No  N/A |
| **13.** Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods? |  Yes  No  N/A |
| **13a.** *If there is evidence of cross contamination:* Describe: |  |
| **14.** Were any hot foods observed cooling in this establishment? |  Yes  No  N/A |
| **14a.** *If there is cooling of hot foods:* What cooling method(s) are used? *(Check all that apply)* | * + 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
	+ Other, *Describe:*
 |
| **14b.** *If there is cooling of hot foods:* Were the cooling methods properly implemented? |  Yes  No  |
| **15.** Were any foods observed in hot holding? |  Yes  No  N/A |
| **15a.** *If foods in hot holding:* Were the temperatures of all foods measured in hot holding at 135°F or above? |  Yes  No |
| **16.** Were any foods observed during cooking? |  Yes  No  N/A |
| **16a.** *If foods cooking:* Were the temperatures of all foods measured during cooking at or above the recommended temperatures? |  Yes  No  |
| **17.** Were there any thermometers observed in food preparation areas to measure food temperatures? |  Yes  No  N/A |
| **17a.** *If thermometers observed:* Were any thermometers observed being used? |  Yes  No  |
| **18.** Were any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? | 🞏 Wiping cloths 🞏 Sanitizer buckets 🞏 Disposable sanitizer wipes🞏 Spray bottle 🞏 Other, *Describe*: |
| **18a.** *If wiping cloths are used*: Are all wet wiping cloths stored in sanitizer solution between uses? |  Yes  No  |
| **18b.** *If sanitizer buckets or bottles are used:*Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in the proper range? |  Yes  No  N/A |
| **19.** Whatdoes the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? (*Check all that apply)* | 🞏 Mechanical washing machines 🞏 Manual washing 🞏 Other: N/A |
| **19a.** *If mechanical washing:*Does the wash cycle reach the temperatures recommended for the mechanical washing machine? |  Yes  No  |
| **19b.** *If mechanical washing:*How is sanitization achieved? (*Check all that apply)* | 🞏 Heat🞏 Chemical  |
| **19b1.** *If heat used to sanitize:*Does the sanitizing cycle reach the temperatures recommended for sanitization? |  Yes  No  Out of order  |
| **19b2.** *If chemical used to sanitize:*Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine? |  Yes  No  Out of order |
| **19c.** *If manual washing:* What type of sink is used for manual washing? *(Check all that apply)* | 🞏 3-compartment 🞏 2-compartment🞏 Other, *Describe*: |
| **19d.** *If manual washing:* Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly? *(Check all that apply)* | 🞏 Yes 🞏 No, steps not in proper order🞏 No, wash solution did not contain soap🞏 No, solution(s) were soiled 🞏 No, sanitizing method not implemented properly🞏 No, missing steps🞏 No, did not air dry🞏 No, Other *Describe*: |
| **20.** Did you observe signs and instructions posted in the establishment? |  Yes  No  |
| **20a.** *If yes:* Did any use pictures or symbols to communicate a message? |  Yes  No  |
| **20b.** *If yes:* What languages did you observe on signs or instructions posted for food workers? *(Check all that apply)* | 🞏 English 🞏 Chinese (any dialect) 🞏 Spanish 🞏 Japanese🞏 French 🞏 No written words 🞏 Other, *Describe*:  |
| **21**. Did you observe any of these items for responding to vomit and/or diarrheal incidents? *(Check all that apply)* | * Bleach
* Disinfectant effective against norovirus surrogate
* Personal protective equipment (ex: gloves or goggles/glasses or mask)
* Absorbent powder/solidifier
* Directions for vomit/diarrhea cleanup
* Other, *Describe*:
 |
| **21a.** *If any of these are observed:* Were any of these things located  together (ex: in a kit)? |  Yes  No  |
| **22.** 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? |  Yes  No  |
| **22a.** *If there were differences:* Describe:  |
| **23.** Record any additional comments. This section allows a brief description of specific circumstances during or right before the time of the exposures that are believed to have played a significant exposure role. For example, it may have been determined that the establishment operated with no hot water, walk-in cooler units failed, the kitchen manager was on vacation and normal policies or procedures were not followed in their absence, the establishment was out of single use gloves, or a large number of food workers did not show up for work. |
| **Review of Policies****24.** Is a certified kitchen manager present at the time of data collection?🞏 Yes, ANSI certification 🞏 Yes, other certification 🞏 Yes, certification is not available🞏 No 🞏 Unsure 🞏 Current**25.** Does the written employee health policy or procedure: 🞏 Employee health policy not in use🞏 Require food workers to tell a manager when they are ill?🞏 Require ill workers to tell managers what their symptoms are?🞏 Specify certain symptoms that ill workers are required to tell managers about? (*Check all that apply*)

|  |  |
| --- | --- |
| 🞏 Vomiting | 🞏 Sore throat with fever |
| 🞏 Diarrhea | 🞏 A lesion containing pus (ex., boil or infected wound) |
| 🞏 Jaundice (yellow eyes or skin) | 🞏 Other, *Describe:* |

🞏 Apply to kitchen managers🞏 Apply to food workers? 🞏 Restrict ill workers from working?🞏 Exclude ill workers from working?🞏 Include a record to track employee illness (ex: on schedule or log)? |

**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? |  |
| **2.** Is this food a single specific ingredient or multi-ingredient? | * + Single specific ingredient food (ex: ground beef)  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. | * + **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: *Salmonella* Enteritidisand eggs).
	+ **Suspected 2:** A statistical significance was found for this ingredient/food that was consumed by those ill.
	+ **Suspected 3:** Agent was laboratory-confirmed based on clinical samples and the ingredient/food is commonly associated with agent.
	+ **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.
	+ **Confirmed 1:** Agent was laboratory-confirmed in epidemiologically-linked food samples. *(See Part V of the NEARS Instruction Manual for the exception to this definition.)*
	+ **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? | * **Prep Serve:** NO kill step; may include heating commercially prepared foods for service.
* **Cook Serve:** Kill step; may be followed by hot holding but is prepared for same-day service.
* **Complex 1:** Kill step, followed by holding beyond same-day service.
* **Complex 2:** Kill step, followed by holding and cooling.
* **Complex 3:** Kill step, followed by holding, cooling, and reheating.
* **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? |  Yes  No  |
| **5a.** *If events appeared to be different from ordinary circumstances:* How would those events best be characterized? (*Check all that apply*) | Differences with:

|  |  |
| --- | --- |
| * Ingredient(s) used (ex: different source or form, or a substitution)
* How ingredient(s) were handled
* Method of preparation, cooking, holding, serving the food
* Equipment used to handle the food
* Equipment used to cook the food
 | * Equipment used to store or hold the food
* Equipment used to clean and sanitize food contact surfaces
* Employees involved in preparing, cooking, holding, and/or serving food
* Ill employees
* Ill family members
* Other, *Describe:*
 |

  |

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

|  |  |
| --- | --- |
| Suspected/confirmed food, ingredient # |  |
| **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.** If ingredient is: |
| 1. *Poultry*, Select the type:
 |

|  |  |  |
| --- | --- | --- |
| * Chicken
* Turkey
 | * Goose
* Duck:
 | * Other (ex: emu), *Describe*:
 |

 |
| 1. *Seafood,*Select the type:
 |

|  |  |  |
| --- | --- | --- |
| * Fin fish (ex: trout, cod)
* Shellfish (ex: oysters)
 | * Crustaceans (ex: shrimp)
* Marine mammals (ex: dolphins)
 | * Other seafood, *Describe*:
 |

 |
| 1. *Beef, pork, lamb, other meat,*Select the type:
 |

|  |  |
| --- | --- |
| * Beef
* Pork
 | * Lamb
* Miscellaneous meat (ex: goat, rabbit), *Describe*:
 |

 |
| 1. *Poultry, seafood, beef, pork, lamb, other meat,*Select the best description of the product *upon arrival* at the food service establishment:
 |

|  |  |  |
| --- | --- | --- |
| * Raw, nonfrozen
* Raw, frozen
* Raw, intended for raw service (ex: oysters, steak tartar)
 | * Commercially processed precooked, may require heating for palatability (ex: deli meat, hot dogs, fully cooked frozen fish heated for service)
* Commercially processed, further cooking required (ex: chicken nuggets that require full cooking)
 | * Dried/Smoked
* Other, *Describe*
 |

 |
| 1. *Dairy,*Select the best description of the product *upon arrival*at the food service establishment:
 |

|  |  |  |
| --- | --- | --- |
| * Pasteurized fluid milk
* Unpasteurized fluid milk
 | * Pasteurized dairy product, *Describe*:
* Unpasteurized dairy product, *Describe*:
 | * Cheese, *Describe*:
 |

 |
| 1. *Eggs,*Select the best description of the product *upon arrival*at the food service establishment:
 |

|  |  |  |
| --- | --- | --- |
| * Pasteurized in-shell eggs
 | * Pasteurized egg product
 | * Unpasteurized egg product
 |

*Describe the egg ingredient:*  |
| 1. *If ingredient is a plant or plant product,*Select the type:
 |

|  |  |  |
| --- | --- | --- |
| * Fruit (ex: apples, berries, citrus)
* Fungi (ex: mushrooms)
 | * Nuts/Seeds (ex: pecans, sesame seeds
* Grains/Cereals (ex: rice, wheat, oats)
 | * Grains/Cereal products (ex: bread, pasta)
* Produce
 |

*Describe the plant ingredient*:  |
| 1. *If ingredient is produce,* Select the type:
 |

|  |  |
| --- | --- |
| * Greens (ex: romaine, spinach)
* Sprouts (ex: alfalfa)
 | * Root vegetable (ex: potatoes, garlic)
* Vine or above ground vegetable (ex: asparagus, black beans)
 |

*Describe the produce ingredient*:  |
| 1. *If ingredient is a plant or plant product,*Select the best description of the plant product *upon arrival* at the food service establishment:
 |

|  |  |  |
| --- | --- | --- |
| * Raw, whole, nonfrozen (ex: green beans)
 | * Commercially processed fresh product (ex: bagged lettuce)
* Raw, frozen (ex: frozen corn)
 | * Commercially processed - canned
* Dried, other
 |

 |
| **j.** *If ingredient is not described in the previous categories,*Describe the ingredient: |  |

**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.** PFGE/WGS, if identified |
| 🞏 Hepatitis A  |  |  |
| 🞏 *Bacillus cereus*  |  |  |
| 🞏 *Campylobacter*  |  |  |
| 🞏 *Clostridium perfringens*  |  |  |
| 🞏 *Cryptosporidium* |  |  |
| 🞏 *Cyclospora* |  |  |
| 🞏 *E. coli* 0157:H7 |  |  |
| 🞏 *E. coli* STEC/VTEC |  |  |
| 🞏 *Listeria* |  |  |
| 🞏 Norovirus |  |  |
| 🞏 *Salmonella* |  |  |
| 🞏 *Shigella*  |  |  |
| 🞏 *Staphylococcus aureus* |  |  |
| 🞏 *Vibrio parahaemolyticus* |  |  |
| 🞏 *Yersinia* |  |  |
| 🞏 Toxic agent, *Describe:* |  |  |
| 🞏 Chemical hazard, *Describe:* |  |  |
| 🞏 Physical hazard, *Describe:* |  |  |
| 🞏 Other, *Describe:* |  |  |

 |
| 1. Where was the sample taken?
 |

|  |  |  |
| --- | --- | --- |
| * Floor drain
* Food prep table
* Utensil (ex: tongs, pan)
* Sink
 |  Slicer  Inside any cooling unit (ex: walk-in, reach-in) Inside any heating unit |  Wall, ceiling Floor (ex: floor itself, floor mat)Other, *Describe*:  |

The name given below should match the specific food name given in Part Va. Specific food ingredient, *Describe*:The name given below should match the multi- ingredient food name given in Part Vb. Multi-ingredient food, *Describe*: |
| **3.** Provide any other information about the specific sample**.** Include presence/ absence, detect/non-detect, and results with a value (pH, X ppm, X, cfu/g). |  |

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

|  |  |
| --- | --- |
| Contributing factor # |  |
| 1. Which contributing factor was identified?
 | * + C1  P1  S1
	+ C2  P2  S2
	+ C3  P3  S3
	+ C4  P4  S4
	+ C5  P5  S5
	+ C6  P6  S6 *Other, Describe:*
	+ C7  P7
	+ C8  P8
	+ C9  P9
	+ C10  P10
	+ C11  P11 *Other, Describe:*
	+ C12
	+ C13 *Other, Describe*
 |
| 1. In your judgment, was this the primary contributing factor for this outbreak?
 |  Yes  No  |
| 1. Briefly explain why this is a contributing factor in this outbreak.
 |  |
| 1. When did this factor most likely occur?
 | * Before vehicle entry into the food service establishment
* While the vehicle was at the food service establishment
* After the vehicle left the food service establishment
 |