

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0980)

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. <i>If no environmental assessments were conducted:</i> 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. <i>If non-food service establishments in your jurisdiction were associated with the outbreak:</i> 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 laboratory-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. <i>If a primary agent was identified:</i> What was the identified agent?	
<input type="checkbox"/> Hepatitis A <input 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="checkbox"/> <i>E. coli</i> 0157:H7	<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 type="checkbox"/> Toxic agent, Describe: _____ <input type="checkbox"/> Other agent, Describe: _____

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<input type="radio"/> <i>E. coli</i> STEC/VTEC <input type="radio"/> <i>Listeria</i> <input type="radio"/> Norovirus	<input type="checkbox"/> Chemical hazard, <i>Describe:</i> _____ <input type="checkbox"/> Physical hazard, <i>Describe:</i> _____		
7b. <i>If a primary agent was identified:</i> Was a serotype identified for this outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7c. <i>If a primary agent was identified:</i> What was the identified serotype?			
8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. <i>If the outbreak was reported to a state or local program:</i> Select the state or local surveillance system(s) where this outbreak was reported. (<i>Check all that apply</i>)	<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, <i>Describe:</i> _____		
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 – CDC Report ID: _____ <input type="checkbox"/> PulseNet – outbreak code: _____ <input type="checkbox"/> CaliciNet – reporting number: _____ <input type="checkbox"/> NNDSS – reporting 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 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			
11. Were any contributing factors identified in this outbreak?	<input type="checkbox"/> Yes <i>Complete Part VII, Contributing Factors</i> <input type="checkbox"/> No		
12. 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%; border: none; vertical-align: top;"> <input type="checkbox"/> Routine environmental 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"/> Assumed based on </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Environment 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"/> Other, <i>Describe:</i> </td> </tr> </table>	<input type="checkbox"/> Routine environmental 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"/> Assumed based on	<input type="checkbox"/> Environment 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"/> Other, <i>Describe:</i>
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		etiology			
<p>13. Please rate the quality of communication between the food regulatory program and the communicable disease program during this outbreak investigation.</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> Very poor Poor Fair Good Very good There was no communication </p>					
<p>14. What were the environmental antecedent(s) of this outbreak? (<i>Check any that apply.</i>)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Poor facility layout <input type="checkbox"/> Lack of reinvestment in the restaurant <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>: </td> </tr> </table>				<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 reinvestment in the restaurant <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> :
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<p>15. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).</p>					
<p>16. Were any immediate control measures implemented for this outbreak?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>16a. <i>If immediate control measures were implemented:</i> Briefly describe these measures.</p>		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Changed operational practice <input type="checkbox"/> Repaired/replaced/removed equipment <input type="checkbox"/> Embargoed food products <input type="checkbox"/> Other, <i>Describe</i>: </td> </tr> </table>		<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"/> Other, <i>Describe</i> :
<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"/> 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"/> Caterer <input type="checkbox"/> Church <input type="checkbox"/> Correctional facility <input type="checkbox"/> Daycare center <input type="checkbox"/> Feeding site <input type="checkbox"/> Food cart <input type="checkbox"/> Grocery store <input type="checkbox"/> Hospital	<input type="checkbox"/> Mobile food unit <input type="checkbox"/> Nursing home <input type="checkbox"/> Temporary food stand <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant in a supermarket <input type="checkbox"/> School food service <input type="checkbox"/> Workplace cafeteria <input type="checkbox"/> Other, <i>Describe</i> :	
6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?		#:	
7. Was a translator needed to communicate with the kitchen manager during the environmental assessment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a. <i>If a translator was needed:</i> 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. <i>If a translator was needed:</i> 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. <i>If establishment serves raw or undercooked animal products:</i> 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
11a1. <i>If establishment serves raw or undercooked animal products and has an advisory:</i> Where is the consumer advisory located? (Check all that apply)		<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> :	
12. Which one of these options best describes the menu for this establishment?		<input type="checkbox"/> American (non-ethnic) <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Japanese	<input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Mexican <input type="checkbox"/> Other, <i>Describe</i> :

Samples	
13. Were any samples taken in this establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If any samples were positive, complete Part VI, Positive samples</i>
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 and enter the number of samples taken for each location)</i>	<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, #: _____ Describe: _____
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>The names given below should match the specific food name(s) given in Part V.</p> <input type="checkbox"/> Specific food ingredient A, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient B, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient C, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient D, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient E, #: _____ Name _____ <p>The names given below should match the multi-ingredient food name(s) given in Part V.</p> <input type="checkbox"/> Multi-ingredient food A, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food B, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food C, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food D, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food E, #: _____ Name _____
14. What is the most recent CDC/ATSDR SVI overall score for establishment's census tract (based on the establishment's street address)? Go to: https://svi.cdc.gov/map.html .	SVI Score: _____ (Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability)).

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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).

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. <i>If there is at least one hand sink in the employee restrooms:</i> Is warm water (minimum 100°F) available at all employee restroom hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no:</i> How many without:
2b. <i>If there is at least one hand sink in the employee restrooms:</i> Is soap available at (or near) all employee restroom hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no:</i> How many without:
2c. <i>If there is at least one hand sink in the employee restrooms:</i> 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:</i> How many without:
3. How many hand sinks are in located in the work area?	Number of sinks:
3a. <i>If there is at least one hand sink in the work area:</i> 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:</i> How many without:
3b. <i>If there is at least one hand sink in the work area:</i> Is soap available at (or near) all available at all hand sinks in the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no:</i> How many without:
3c. <i>If there is at least one hand sink in the work area:</i> Are paper or cloth drying towels or electric hand dryers available at (or near) all available at all hand sinks in the work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no:</i> How many without:
4. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many cold storage units are in the establishment?	Number of units: <input type="checkbox"/> N/A
5a. <i>If there is at least one cold storage unit:</i> Which types of units did 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
6. Were any foods observed in cold holding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6a. <i>If cold holding was observed:</i> Were the temperatures of all foods measured in cold holding at 41°F or below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are any food workers using gloves while handling food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is there a supply of disposable gloves available in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are food workers using any methods besides gloves to prevent bare hand contact with ready-to-eat food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9a. <i>If methods besides gloves are used:</i> What methods?	<input type="checkbox"/> Tongs <input type="checkbox"/> No <input type="checkbox"/> Paper <input type="checkbox"/> Spatula <input type="checkbox"/> Other utensil

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	<input type="checkbox"/> Other, <i>Describe:</i>
10. Are any food workers handling ready-to-eat foods with bare hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. 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
12. 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
13. 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
13a. <i>If there is evidence of cross contamination:</i> Describe:	
14. Were any hot foods observed cooling in this establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14a. <i>If there is cooling of hot foods:</i> What cooling method(s) are used? (<i>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>
14b. <i>If there is cooling of hot foods:</i> Were the cooling methods properly implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Were any foods observed in hot holding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15a. <i>If foods in hot holding:</i> Were the temperatures of all foods measured in hot holding at 135°F or above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Were any foods observed during cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16a. <i>If foods cooking:</i> Were the temperatures of all foods measured during cooking at or above the recommended temperatures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were there any thermometers observed in food preparation areas to measure food temperatures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17a. <i>If thermometers observed:</i> Were any thermometers observed being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Were any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment?	<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>
18a. <i>If wiping cloths are used:</i> Are all wet wiping cloths stored in sanitizer solution between uses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>18b. <i>If sanitizer buckets or bottles are used:</i> Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in the proper range?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>19. What 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>	<p><input type="checkbox"/> Mechanical washing machines <input type="checkbox"/> Manual washing <input type="checkbox"/> Other: <input type="checkbox"/> N/A</p>
<p>19a. <i>If mechanical washing:</i> Does the wash cycle reach the temperatures recommended for the mechanical washing machine?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19b. <i>If mechanical washing:</i> How is sanitization achieved? (<i>Check all that apply</i>)</p>	<p><input type="checkbox"/> Heat <input type="checkbox"/> Chemical</p>
<p>19b1. <i>If heat used to sanitize:</i> Does the sanitizing cycle reach the temperatures recommended for sanitization?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Out of order</p>
<p>19b2. <i>If chemical used to sanitize:</i> Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Out of order</p>
<p>19c. <i>If manual washing:</i> What type of sink is used for manual washing? (<i>Check all that apply</i>)</p>	<p><input type="checkbox"/> 3-compartment <input type="checkbox"/> 2-compartment <input type="checkbox"/> Other, <i>Describe:</i></p>
<p>19d. <i>If manual washing:</i> Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly? (<i>Check all that apply</i>)</p>	<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>
<p>20. Did you observe signs and instructions posted in the establishment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20a. <i>If yes:</i> Did any use pictures or symbols to communicate a message?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20b. <i>If yes:</i> What languages did you observe on signs or instructions posted for food workers? (<i>Check all that apply</i>)</p>	<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></p>
<p>21. Did you observe any of these items for responding to vomit and/or diarrheal incidents? (<i>Check all that apply</i>)</p>	<p><input type="checkbox"/> Bleach <input type="checkbox"/> Disinfectant effective against norovirus surrogate <input type="checkbox"/> Personal protective equipment (ex: gloves or goggles/glasses or mask)</p>

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	<input type="checkbox"/> Absorbent powder/solidifier <input type="checkbox"/> Directions for vomit/diarrhea cleanup <input type="checkbox"/> Other, <i>Describe</i> :						
21a. <i>If any of these are observed:</i> Were any of these things located together (ex: in a kit)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
22a. <i>If there were differences:</i> 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?							
<input type="checkbox"/> Yes, ANSI certification <input type="checkbox"/> Yes, other certification <input type="checkbox"/> Yes, certification is not available <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Current							
25. Does the <u>written</u> employee health policy or procedure:							
<input type="checkbox"/> Employee health policy not in use <input type="checkbox"/> Require food workers to tell a manager when they are ill? <input type="checkbox"/> Require ill workers to tell managers what their symptoms are? <input type="checkbox"/> Specify certain symptoms that ill workers are required to tell managers about? (<i>Check all that apply</i>) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Sore throat with fever</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea</td> <td><input type="checkbox"/> A lesion containing pus (ex., boil or infected wound)</td> </tr> <tr> <td><input type="checkbox"/> Jaundice (yellow eyes or skin)</td> <td><input type="checkbox"/> Other, <i>Describe</i>:</td> </tr> </table> <input type="checkbox"/> Apply to kitchen managers <input type="checkbox"/> Apply to food workers? <input type="checkbox"/> Restrict ill workers from working? <input type="checkbox"/> Exclude ill workers from working? <input type="checkbox"/> Include a record to track employee illness (ex: on schedule or log)?		<input type="checkbox"/> Vomiting	<input type="checkbox"/> Sore throat with fever	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> A lesion containing pus (ex., boil or infected wound)	<input type="checkbox"/> Jaundice (yellow eyes or skin)	<input type="checkbox"/> Other, <i>Describe</i> :
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Sore throat with fever						
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> A lesion containing pus (ex., boil or infected wound)						
<input type="checkbox"/> Jaundice (yellow eyes or skin)	<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?	
2. Is this food a single specific ingredient or multi-ingredient?	<input type="radio"/> Single specific ingredient food (ex: ground beef) <input type="checkbox"/> 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. (See Part V of the NEARS Instruction Manual for the exception to this definition.) <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. If events appeared to be different from ordinary circumstances: How would those events best be characterized? (Check all that apply)	Differences with: <input type="checkbox"/> Ingredient(s) used (ex: different source or form, or a substitution) <input type="checkbox"/> Equipment used to store or hold the food <input type="checkbox"/> How ingredient(s) were handled <input type="checkbox"/> Equipment used to clean and sanitize food contact surfaces <input type="checkbox"/> Method of preparation, cooking, holding, serving the food <input type="checkbox"/> Employees involved in preparing, cooking, holding, and/or serving food <input type="checkbox"/> Equipment used to handle the food <input type="checkbox"/> Ill employees <input type="checkbox"/> Equipment used to cook the food <input type="checkbox"/> Ill family members <input type="checkbox"/> Other, Describe:

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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:		
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 tartar)	
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"/> Dried, other	
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 #			
<p>1. Describe the agent(s) found in the sample.</p>	<p>a. Agent (Check all that apply)</p>	<p>b. Serotype, if identified</p>	<p>c. PFGE/WGS, if identified</p>
	<input type="checkbox"/> Hepatitis A		
	<input type="checkbox"/> <i>Bacillus cereus</i>		
	<input type="checkbox"/> <i>Campylobacter</i>		
	<input type="checkbox"/> <i>Clostridium perfringens</i>		
	<input type="checkbox"/> <i>Cryptosporidium</i>		
	<input type="checkbox"/> <i>Cyclospora</i>		
	<input type="checkbox"/> <i>E. coli</i> 0157:H7		
	<input type="checkbox"/> <i>E. coli</i> STEC/MTEC		
	<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 type="checkbox"/> Toxic agent, Describe: <input type="checkbox"/>		
	<input type="checkbox"/> Chemical hazard, Describe:		
	<input type="checkbox"/> Physical hazard, Describe:		
	<input type="checkbox"/> Other, Describe:		
<p>2. Where was the sample taken?</p>	<p> <input type="radio"/> Floor drain <input type="checkbox"/> Slicer <input type="checkbox"/> Wall, ceiling <input type="radio"/> Food prep table <input type="checkbox"/> Inside any cooling unit (ex: <input type="checkbox"/> Floor (ex: floor itself, floor mat) <input type="radio"/> Utensil (ex: tongs, pan) walk-in, reach-in) <input type="checkbox"/> Other, Describe: <input type="radio"/> Sink <input type="checkbox"/> Inside any heating unit </p> <p>The name given below should match the specific food name given in Part Va.</p> <p><input type="checkbox"/> Specific food ingredient, Describe: The name given below should match the multi- ingredient food name given in Part Vb.</p> <p><input type="checkbox"/> Multi-ingredient food, Describe:</p>		
<p>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).</p>			

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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 #	
<p>1. Which contributing factor was identified?</p>	<p> <input type="radio"/> C1 <input type="checkbox"/> P1 <input type="checkbox"/> S1 <input type="radio"/> C2 <input type="checkbox"/> P2 <input type="checkbox"/> S2 <input type="radio"/> C3 <input type="checkbox"/> P3 <input type="checkbox"/> S3 <input type="radio"/> C4 <input type="checkbox"/> P4 <input type="checkbox"/> S4 <input type="radio"/> C5 <input type="checkbox"/> P5 <input type="checkbox"/> S5 <input type="radio"/> C6 <input type="checkbox"/> P6 <input type="checkbox"/> S6 <i>Other, Describe:</i> <input type="radio"/> C7 <input type="checkbox"/> P7 <input type="radio"/> C8 <input type="checkbox"/> P8 <input type="radio"/> C9 <input type="checkbox"/> P9 <input type="radio"/> C10 <input type="checkbox"/> P10 <input type="radio"/> C11 <input type="checkbox"/> P11 <i>Other, Describe:</i> <input type="radio"/> C12 <input type="radio"/> C13 <i>Other, Describe</i> </p>
<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 <input type="radio"/> While the vehicle was at the food service establishment <input type="radio"/> After the vehicle left the food service establishment </p>