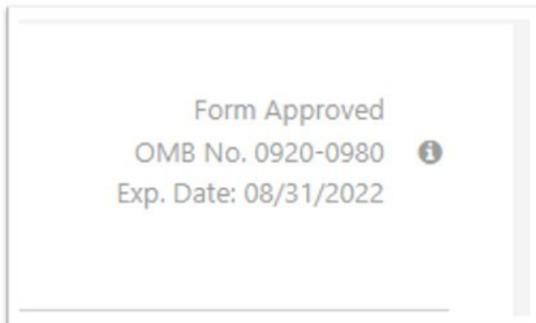


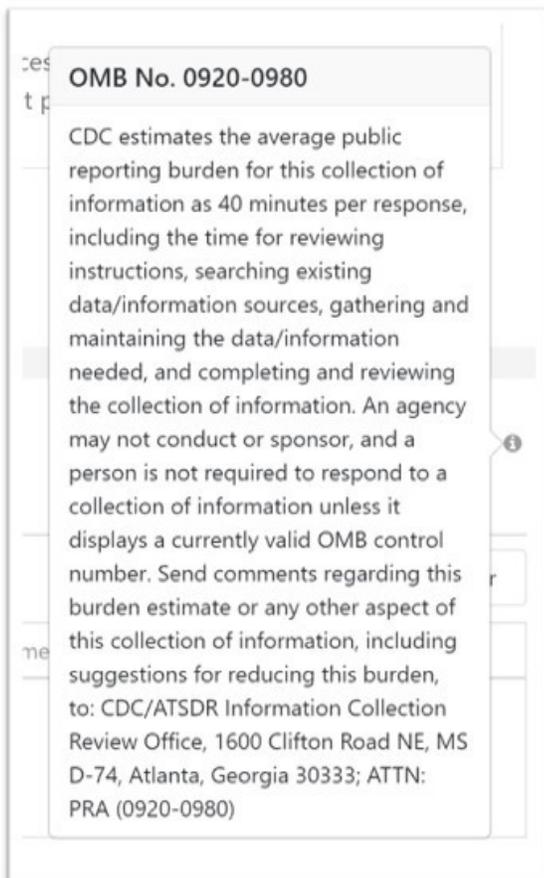
Note to reviewers: This document contains screenshots of the NEARS data reporting system, with the exception of the new SVI question we are adding. Users will begin collecting this information during their investigations January 1, 2023. This question will be added to the web-based data entry system just prior to that time to accommodate programmer budgets and scheduling.

National Environmental Assessment Reporting System (NEARS)

Screenshot of OMB statement



Form Approved
OMB No. 0920-0980 ⓘ
Exp. Date: 08/31/2022



OMB No. 0920-0980

CDC estimates the average public reporting burden for this collection of information as 40 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)

Data Collectors

Data Collectors

[+ Add Data Collector](#)

Name	Job Function	Agency Type	Assessment Training	Assessment Completion Date
No data				

Data Collector ×

First Name:

Last Name:

Job Function:

Agency Type:

Assessment Training:

Assessment Completion Date: 

Part I: Outbreak General Characterization

Outbreak - General Characterization

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. 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. 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 in this outbreak?

Yes

No

Was the agent identified suspected or confirmed?

Select a value...

Confirmed

Suspected

8. Was

se Surveillance Program?

7a. What was the identified agent?

Select a value...

8. Was



Hepatitis A



Bacillus Cereus

8a

Campylobacter

Clostridium Perfringens

Cryptosporidium

Cyclospora

E. coli O157 :H7

E. coli STEC/VTEC

9. Was



Listeria



Norovirus

Salmonella

Shigella

Susp

Staphylococcus Aureus

10. Was



Vibrio Parahaemolyticus



Yersinia

Ciguatera toxin

11. (Q

Scombrotxin

Toxic agent (Please describe)

Cont

Chemical hazard (Please describe)

12. Was



Physical hazard (Please describe)



Other (Please describe)

No

8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program?

- Yes
- No

8a. Indicate the state or local surveillance programs where this outbreak was reported: *(Check all that apply)*

State

Outbreak reporting number assigned by the state: i

Local

Outbreak reporting number assigned by the jurisdiction: i

Other

Please Describe:

9. Was this outbreak reported to a national surveillance system?

- Yes
- No

9a. Provide the national surveillance systems where this outbreak was reported:

Reporting System	Report Id i	Description	
Select a value... ▼	<input type="text"/>	<input type="text"/>	- Delete

Suspec

10. Was

- Ye
- N

- NORS
- NNDSS
- PulseNet
- CaliciNet
- Other (Please describe)

ood suspected or confirmed in this outbreak?

Suspected/Confirmed Food

10. Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?

Yes

No

10a. Explain why this outbreak was considered foodborne. 

11. (Question skipped)

Suspected/Confirmed Food

10. Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?

Yes

No

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?

Yes

No

13. What activities were conducted during the outbreak investigation to try to identify the contributing factors? (Check all that apply)

Select a value...

- Assumed based on etiology
- Clinical sampling
- Environmental sampling
- Epidemiologic investigation (case-control or cohort study)
- Food preparation review
- Food sampling
- Interviews with cases (but not controls)
- Interviews with establishment manager(s)
- Interviews with establishment worker(s)
- Observation of general food preparation activities during establishment visit
- Routine inspection
- Traceback
- Other (Please describe)

regulatory program and the communicable disease program during th

Check all that apply)

uses of the outbreak (ex: order of environmental antecedents).

C

Ad

defined in the Definitions of Factors Contributing to Outbreaks section of the NEARS Ir

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

Select a value...

- Very Poor
- Poor
- Fair
- Good
- Very good
- There was no communication

Check all that apply)

uses of the outbreak (ex: order of environmental antecedents).

No

15. What were the environmental antecedent(s) of this outbreak? (Check all that apply)

Select a value...

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

16. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).

17. Were any control measures implemented for this outbreak?

16. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).

17. Were any control measures implemented for this outbreak?

- Yes
- No

Part VII: Contributing Factors

Contributing Factors

Add 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.

[+ Add Contributing Factor](#)

Factor	Primary	Explanation	Occurrence	
No data				

Contributing Factor



1. Which contributing factor was identified? *

Select...

2. In your judgment, was this the primary contributing factor for this outbreak?

- Yes
 No

3. Briefly explain why this is a contributing factor in this outbreak.

4. When did this factor most likely occur?

Select...

- Before vehicle entry into the foodservice establishment
- While the vehicle was at the foodservice establishment
- After the vehicle left the foodservice establishment
- Unknown

Contributing Factor



1. Which contributing factor was identified? *

Select...



- C1 - Toxic substance part of the tissue
- C2 - Poisonous substance intentionally/deliberately added
- C3 - Poisonous substance accidentally/inadvertently added (e.g., sanitizer or cleaning compound)
- C4 - Addition of excessive quantities of ingredients that are toxic in large amounts (e.g., niacin poisoning in bread)
- C5 - Toxic container (e.g., galvanized containers with acid foods)
- C6 - Contaminated raw product—food was intended to be consumed after a kill step
- C7 - Contaminated raw product—food was intended to be consumed raw or undercooked/ underprocessed (e.g., raw shellfish, produce, eggs)
- C8 - Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area) (e.g., shellfish)
- C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- C10 - Bare-hand contact by a food handler/worker/preparer who is

Contributing Factor



1. Which contributing factor was identified? *

Select...



- C10 - Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious (e.g., with ready-to-eat-food)
- C11 - Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious (e.g., with ready-to-eat-food)
- C12 - Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious
- C13 - Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- C14 - Storage in contaminated environment (e.g., storeroom, refrigerator)
- C15 - Other source of contamination (please describe)
- P1 - Food preparation practices that support proliferation of pathogens (during food preparation)
- P2 - No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
- P3 - Improper adherence of approved plan to use time as a public

Contributing Factor



1. Which contributing factor was identified? *

Select...

- P3 - Improper adherence of approved plan to use time as a public health control
- P4 - Improper cold holding due to malfunctioning refrigeration equipment
- P5 - Improper cold holding due to an improper procedure or protocol
- P6 - Improper hot holding due to malfunctioning equipment
- P7 - Improper hot holding due to improper procedure or protocol
- P8 - Improper/slow cooling
- P9 - Prolonged cold storage
- P10 - Inadequate modified atmosphere packaging (e.g., vacuum-packed fish, salad in gas-flushed bag)
- P11 - Inadequate processing (e.g., acidification, water activity, fermentation)
- P12 - Other situations that promote or allow microbial growth or toxic production (please describe)
- S1 - Insufficient time and/or temperature during cooking/heat

Contributing Factor



1. Which contributing factor was identified? *

Select...

- P9 - Prolonged cold storage
- P10 - Inadequate modified atmosphere packaging (e.g., vacuum-packed fish, salad in gas-flushed bag)
- P11 - Inadequate processing (e.g., acidification, water activity, fermentation)
- P12 - Other situations that promote or allow microbial growth or toxic production (please describe)
- S1 - Insufficient time and/or temperature during cooking/heat processing (e.g., roasted meats/poultry, canned foods, pasteurization)
- S2 - Insufficient time and/or temperature during reheating (e.g., sauces, roasts)
- S3 - Insufficient time and/or temperature control during freezing
- S4 - Insufficient or improper use of chemical processes designed for pathogen destruction
- S5 - Other process failures that permit the agent to survive (please describe)
- Unknown

Part II: Establishment Description

Establishment - EST01

Description

1. Date the establishment was identified for an environmental assessment.

2. Date of first contact with establishment management.

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, email) to complete this environmental assessment:

5. Facility Type:

Select a value... ▼

6. **Camp**

7. Caterer

7. Church

7. Correctional Facility

7. Cottage/home-based food operation

8. Daycare center

8. Feeding site

8. Food Cart

9. Grocery store

9. Hospital

9. Mobile Food Unit

10. Nursing home

10. Other

10. Restaurant

11. Restaurant in a Supermarket

11. School Food Service

11. Temporary Food Stand

12. Workplace cafeteria

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?

Yes

No

7a. Was a translator **used** to communicate with the kitchen manager?

Yes

No

8. Was a translator **needed** to communicate with the food workers during the environmental assessment?

Yes

No

8a. Was a translator **used** to communicate with the food workers?

Yes

No

9. Establishment type: 

Select a value... 

- Complex
- Cook-Serve
- Prep-Serve

11. Does the establishment serve raw or undercooked animal products?

10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?

- Yes
- No

11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?

- Yes
- No

11a. Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on a sign)?

- Yes
- No

11a1. Where is the consumer advisory located? (Check all that apply)

Select a value... 

12. Which...  On a sign

13. Were...  On the menu as a footnote

 On the menu in the menu item description

 Other

13. Were... Yes

No

12. Which one of these options best describes the menu for this establishment?

Select a value...

13

American (non-ethnic)

Chinese

French

Italian

Japanese

Mediterranean/ Middle Eastern

Mexican

Thai

Other

Est

M

1.

2

13. Were any samples taken?

Yes

No

Any food or environmental sample that was collected in the establishment as part of the EA should be entered in the [Samples Taken](#) section.

Part III: Establishment Manager Interview

ESTABLISHMENT ESTID

Manager Interview

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

2. Date the manager interview was initiated.

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

4.

or

Chain

Independent

5.

Refused

Unsure

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

Enter Number

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

6. ... other location?

7. ... e added to your menu(s)?

Ki

8. ... ad the following questions, please keep in mind that we are asking about the establishment's home.

8. ... manager in this establishment?

9. ... ?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Refused
- Unsure

Kitchen Manager

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 house.

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

Select a value...

- Less than 6 months
- 6 months - less than a year
- 1 year - less than 2 years
- 2 years - less than 4 years
- 4 years - less than 6 years
- 6 years - less than 8 years
- 8 years - less than 10 years
- 10 or more years
- Refused
- Unsure

employed in this establishment? If you are not sure, use your best

Read Aloud: Please provide the knowledge and skills of all kitchen managers in your establishment. For these questions, fluent means messages in the language specified. If a manager is bilingual or speaks multiple languages, please make your best estimate if you do not know

11. Do you speak any other languages fluently? (Check all that apply)

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

Select a value...

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

Select a value...

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

Read Aloud: Please read the following questions, please about the kitchen area or back of the house.

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

Kitchen Manager

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 house.

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

Select a value...

- Less than 6 months
- 6 months - less than a year
- 1 year - less than 2 years
- 2 years - less than 4 years
- 4 years - less than 6 years
- 6 years - less than 8 years
- 8 years - less than 10 years
- 10 or more years
- Refused
- Unsure

employed in this establishment? If you are not sure, use your best

knowledge and skills of all kitchen managers in your establishment. For these questions, fluent means messages in the language specified. If a manager is bilingual or se questions, please make your best estimate if you do not know

ent speak fluently? (Check all that apply)

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

Select a value...

- Less than 6 months
- 6 months - less than a year
- 1 year - less than 2 years
- 2 years - less than 4 years
- 4 years - less than 6 years
- 6 years - less than 8 years
- 8 years - less than 10 years
- 10 or more years
- Refused
- Unsure

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

Number of Managers

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.

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

12. English (Check all that apply)

Spanish

French

R safety training and certification.

13. Chinese (any dialect)

on training can be a course or a class, or it can be training that occurs

Japanese

Other

g? If you are not sure, use your best guess.

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

R English safety training and certification.

13. Spanish training can be a course or a clas

on French

Chinese (any dialect)

Japanese g? If you are not sure, use you

Other

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

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

Provide number

Number of Managers

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)

Select a value...

A class / course taken at a university, community college, or 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, and AboveTraining/StateFoodSafety.com.

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.)

...y certification, where you receive a certificate upon completion

Read
of the

14. Ar

Se

15. Do

Se

Food

16. Ho

...d safety certification?

...ct number, an estimate will be fine.

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 ▼

14a. 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, and AboveTraining/ StateFoodSafety.com. If you aren't sure, use your best guess.

Provide number ▼

Number managers certified

14b. 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?

Select a value... ▼

15. Do you have any kitchen managers with food safety certification?

Se

Food

16. Ho

Nur

1

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

ct number, an estimate will be fine.

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

No

Food Workers

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

Provide number

Number of food workers

1

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

Select a value...

- English
- Spanish
- French
- Chinese (any dialect)
- Japanese
- Other

Policy

Read and part of on-the-job or other type of training or they may be written documents that state the policy.

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

Select a value...

- English
- Spanish
- French
- Chinese (any dialect)
- Japanese
- Other

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.

Policy

[Read Aloud](#): Now I'm going to ask you some questions about policies you have in this establishment. Food safety policies can be verbal and part of on-the-job or other type of training or they may be written documents that state the policy.

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

17a. cutting boards?

17a1. Is this policy written?

17b. food slicers?

17b1. Is this policy written?

17c. food preparation tables?

17c1. Is this policy written?

17d. frequently touched customer surfaces like menus, tables, and condiments?

17d1. Is this policy written?

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

18a. Does the glove policy require that food workers wear gloves?

18a1. when they have cuts or other injuries?

18a2. when handling ready-to-eat foods?

18a3. when handling raw meat or poultry?

18a4. at all times while working in the kitchen?

18b. Is the policy written?

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

Food Temperatures

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 a thermometer.

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

Yes

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

Yes

Health Policies

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

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

Yes

23a. Is this policy in writing?

Yes

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

Yes

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

Yes

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

Select a value...

24. Does
worker ca

Select

- Vomiting
- Diarrhea
- Jaundice (yellow eyes or skin)
- Sore throat with fever
- A lesion containing pus (for example, boil or infected wound that is open or draining)
- Other

Read Aloud:
keep in m
in the kit

25. Do an

Select

de ill workers from working? By restrict I mean the
in the worker does not work at all.

ck leave policy. As I read the following questions, please
tchen area or back of the house and food workers that work

s work because they are ill?

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

24a. Is this policy in writing?

Yes

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

Yes

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

Select a value...

Read Al...
keep in m...
in the kit...

- Vomiting
- Diarrhea
- Jaundice (yellow eyes or skin)
- Sore throat with fever
- A lesion containing pus (for example, boil or infected wound that is open or draining)
- Other

25. Do an...

Select

26. Do an...

Select

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

ck leave policy. As I read the following questions, please
tchen area or back of the house and food workers that work

s work because they are ill?

are ill?

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.

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

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 kitchen managers

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

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 food workers

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

27a. What were those changes?

Part IV: Establishment Observation

Observation

1. How long was the observation(s)?
(Number of Minutes)

2. Date observations were initiated:

3. How many hand sinks are in or adjacent to the employee restrooms? ⓘ

3a. Is warm water (minimum 100°F) available at all employee restroom hand sinks?

- Yes
 No

3b. Is soap available at (or near) all employee restroom hand sinks?

- Yes
 No

3c. Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks?

- Yes
 No

4. How many hand sinks are located in the work area(s)? ⓘ

4a. Is warm water (minimum 100°F) available at all hand sinks in the work area?

- Yes
 No

4b. Is soap available at (or near) all hand sinks in the work area?

- Yes
 No

4c. Are paper or cloth drying towels available at (or near) all hand sinks in the work area?

- Yes
 No

5. Are food workers observed washing their hands using water, soap, appropriate drying methods and for the appropriate amount of time?

- Yes
 No

6. How many cold storage units are in the establishment?

6a. Which types of units do you observe? (Check all that apply)

Select a value... ▼

- Reach in
- Walk-in
- Self-Serve / Salad Bar
- Open-top units
- Other (Enter a new value)

7. Are any foods observed in cold holding?

7a. Are the temperatures of all foods measured in cold holding at 41°F or below?

- Yes
- No

8. Which of the following practices, if any, are observed during this visit? (Check all that apply)

Select a value... ▼

- Bare hands touch non-RTE food
- Bare hands touch RTE food
- Gloved hands touch non-RTE food
- Gloved hands touch RTE food
- Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil)
- No food handling was occurring

9. Is there a supply of disposable gloves available in the establishment?

Yes

No

10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded?

Yes

11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded?

Yes

12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods?

Yes

12a. Describe:

13. Is there any evidence of cooling of hot foods observed in this establishment?

Yes

13a. What cooling method(s) are used? (Check all that apply)

Select a value...

13 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

14. Are Using ice bath for food container before cooling in blast chiller

15. Are Using ice wands before cooling in regular cooler

Using ice wands before cooling in blast chiller

16. Are Other (Enter a new value) to measure int

13b. Are the cooling methods properly implemented?

- Yes
- No
- Undetermined

14. Are any foods observed in hot holding?

Yes ▼

14a. Are the temperatures of all foods measured in hot holding at 135°F or above?

- Yes
- No

15. Are any foods observed during cooking?

Yes ▼

15a. Are the temperatures of all foods measured during cooking at or above the recommended temperatures?

- Yes
- No

16. Are there any thermometers observed in food preparation areas to measure internal food temperatures?

Yes ▼

16a. Are any thermometers observed being used?

- Yes
- No

17. Are any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? *(Check all that apply)*

Select a value... ▼

- Wiping cloths
- Sanitizer buckets
- Disposable sanitizer wipes
- Spray bottle
- None of the items were present
- Other (Enter a new value)

18. Are any items observed for cleaning and sanitizing food contact surfaces and in-place equipment that is not clean dishes, utensils, or other food equipment that is not

19. Are any items observed for cleaning and sanitizing food contact surfaces and in-place equipment that is not clean dishes, utensils, or other food equipment that is not

20. Are any items observed for cleaning and sanitizing food contact surfaces and in-place equipment that is not clean dishes, utensils, or other food equipment that is not

18. Which of the following methods does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? *(Check all that apply)*

Select a value... ▼

19. Mechanical washing machines

Manual washing

Other (Enter a new value)

20. .../or diarrheal incidents? *(Check all that apply)*

19. Did you observe signs and instructions posted in the establishment? ⓘ

- Yes
- No

19a. Did any signs or posted instructions use pictures or symbols to communicate a message? ⓘ

- Yes
- No

19b. What languages do you observe on signs or instructions posted for food workers? *(Check all that apply)*

Select a value... ▼

20. Do ... diarrheal incidents? *(Check all that apply)*

English

Spanish

21. Ar ... ctices you observed on your initial visit, and, circum

French

Chinese (any dialect)

Japanese

No written words

22. Re

Other (Enter a new value)

20. Do you observe any of these items for responding to vomit and/or diarrheal incidents? (Check all that apply)

Select a value... ▼

- Bleach
- Disinfectant effective against norovirus surrogate
- Personal protective equipment (ex: gloves or goggles/glasses or mask)
- Absorbent powder/solidifier
- Directions for vomit/diarrhea cleanup
- None of these items were present
- Other (Enter a new value)

21
cir

practices you observed on your initial visit, and/or other

22

23

tion? (Check all that apply)

21. Are there any differences in the physical facility, food handling practices you observed on your initial visit, and/or other circumstances that were different at the time of exposure?

- Yes
- No

21a. Describe the differences:

22. Record any additional comments 

23. Is a certified kitchen manager present at the time of data collection? (Check all that apply)

Select a value...

- Yes, ANSI certification
- Yes, other certification
- Yes, certification is not available
- No
- Unsure
- Certification is not current
- No, but establishment has certified kitchen manager on staff

24. Does the establishment have a written health policy or procedure?

- Yes
- No written policy

Check all components that apply

- Requires food workers to tell a manager when they are ill
- Requires ill workers to tell managers what their symptoms are
- Applies to kitchen managers
- Applies to food workers
- Restricts ill workers from working
- Excludes ill workers from working
- Includes a record to track employee illness (ex: on schedule or log)
- Employee health policy not in use
- Specifies certain symptoms that ill workers are required to tell managers about

Check all symptoms specified

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- A lesion containing pus (ex: boil or infected wound)

Other symptom, please describe:

Part V: Suspected/Confirmed Food

Establishment – EST01

Food [+ Add Food](#)

Add each suspected/confirmed food and provide answers to the questions

Add Food ×

Food Name

Cancel

ESTABLISHMENT - EST01

Food

[+ Add Food](#)

Add each suspected/confirmed food and provide answers to the questions

Food_01
🗑️

1. What is the name of the suspected or confirmed ingredient/food vehicle? (for example, lettuce or garden salad)

Food_01

2. Is this food a single specific ingredient (example, ground beef or lettuce) or multi-ingredient (example, hamburger sandwich, or a garden salad)?

Single specific ingredient food
 Multi-Ingredient Food

Ingredients

[+ Add Ingredient](#)

Ingredient	Description
Food_01	<ul style="list-style-type: none"> Fin fish (ex: trout, cod) Upon arrival: Raw, nonfrozen Intended to be consumed raw or undercooked by: Establishment

3. Select the reason that best describes how this single specific ingredient or multi-ingredient food was implicated in the outbreak. (Check all that apply)

Select a value... ▼

Outbreak agent was not identified in clinical or environmental samples, but the ingredient/food has historically been associated with the suspected agent based on clinical information (ex: ill persons' symptoms suggest a particular agent and the ingredient is commonly associated with that agent, ex: histamine reaction and fish suggest scombroid poisoning)

Ingredient/food was epidemiologically linked with cases (not statistically significant)

Ingredient/food was epidemiologically linked with cases (statistically significant)

Agent was confirmed in samples of an epidemiologically linked food

Agent was confirmed in clinical samples

Isolates from clinical and food samples closely related or identical by molecular typing

Other (Enter a new value)

4. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption ?

Select a value...

- Complex 1: Involved a kill step, followed by holding beyond same-day service.
- Complex 2: Involved a kill step, followed by holding and cooling.
- Complex 3: Involved a kill step, followed by holding, cooling, and re-heating.
- Complex 4: Involved a kill step, followed by holding, cooling, freezing, and re-heating.
- Cook Serve: Involved a kill step and may be followed by hot holding but is prepared for same-day service.
- Prep Serve: Did NOT involve a kill step. It may include heating commercially prepared foods for service.

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. How would those events best be characterized? (Check all that apply)

Select a value...

- Differences with equipment used to clean/sanitize food contact surfaces
- Differences with equipment used to cook the food
- Differences with equipment used to handle the food
- Differences with equipment used to store or hold the food
- Differences with how ingredient(s) were handled
- Differences with ingredient(s) used, such as different source for the ingredients, a different form (fresh instead of canned), or a substitution (red round tomatoes instead of cherry tomatoes)
- Differences with the method of preparation, cooking, holding, serving the food
- Different employee involved in preparing, cooking, holding, and/or serving food
- Ill employees
- Ill family members
- Other

The screenshot displays a 'New Ingredient' modal window overlaid on a background form. The modal has a title bar with a close button (X) and contains the following sections:

- 1. Name of ingredient: *** A text input field.
- 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:** A text input field.
- 3. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *** A dropdown menu with a list of roles:
 - Manufacturer/Processor
 - Establishment
 - Customer
 - N/A
 - Unknown

Background form details (partially visible):

- NEARS G... CDC
- 2. Is this food a sandwich, or a...
 - Single sp...
 - Multi-Ing...
- Ingredient
- 3. Select the re... outbreak. (Che...
Select a valu...
- 4. Which of the re... ingredient or multi-ingredient food before consumption ?

The image shows a 'New Ingredient' form with the following sections:

- 1. Name of ingredient: *** - A text input field.
- 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:** - A text input field.
- 3. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *** - A dropdown menu.
- 4. Ingredient Details:**
 - Select a Category: *** - A dropdown menu with the following options:
 - Select ingredient category..
 - Poultry
 - Seafood
 - Beef, pork, lamb, other meat
 - Dairy
 - Eggs
 - Plant or plant product
 - Other

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Select Type of Poultry:

Select the best description of the ingredient upon arrival at the food service establishment:

- Raw, nonfrozen
- Raw, frozen
- Raw, intended for raw service (ex: oysters, steak tartare)
- 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

Save

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Select Type of Seafood:

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

Save

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Select a Type:

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

Cancel

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Dairy

Select Type of Dairy:

Select a type...

- Milk
- Other Dairy Product (describe)
- Cheese (describe)

Cancel Save

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Eggs

Select Type of Eggs:

Select a type...

- In-shell
- Egg product
- Select upon arrival...

Cancel Save

New 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. Did any of the following intend for the food to be consumed raw or undercooked? (Check all that apply): *

4. Ingredient Details:

Select a Category: *

Select Type of Plant or plant product:

- Fungi (Ex: Mushrooms)
- Fruit (ex: apples, berries, citrus)
- Nuts/Seeds (ex: pecans, sesame seeds)
- Grains/Cereal products (ex: bread, pasta)
- Grains/Cereals (ex: rice, wheat, oats)
- Produce - Greens (ex: romaine, spinach)
- Produce - Root vegetable (ex: potatoes, garlic)
- Produce - Sprouts (ex: alfalfa)
- Produce - Vine or above ground vegetable (ex: asparagus, black beans)

Save

Part VI: Samples Taken

Establishment – EST01

Samples Taken

Add each food or environmental sample that was collected in the establishment as part of the EA.

If **environmental** samples were taken: Where were they taken?

Environmental samples:

Sample location	Number of samples
<input type="text" value="Select a value..."/>	<input type="text" value="1"/>
+ Add	

If **food** samples were taken: What foods or ingredients were sampled?

Specific food samples:

Food item	Number of samples
<input type="text" value="Select..."/>	<input type="text" value="1"/>
+ Add	

Multi-ingredient food samples:

Food item	Number of samples
<input type="text" value="Select..."/>	<input type="text" value="1"/>

Environmental samples:

Sample location	Number of samples
Select a value... 	1 
Floor (floor surface, floor mat, etc.)	
Floor Drain	
Food prep table	
Inside any cooling unit (Walk-in, reach-in, etc.)	
Inside any heating unit	
Other	
Sink	
Slicer	
Utensil (tongs, knife, pan)	
Wall, ceiling	

If ingredients were sampled?

Sample location	Number of samples
	1 

Number of samples

Sample location	Number of samples
	1 

Part VI: Positive Samples

Establishment – EST01

Positive Samples

[+ Add Positive Sample](#)

Add each positive sample and provide answers to the questions

Positive Sample 

Positive sample number

Date sample was collected

1. Describe the agents found in the sample:

Agent	Serotype	Clinical sample match?
<input type="text" value="Select a value..."/>	<input type="text"/>	<input type="checkbox"/> 

[+ Add Agent](#)

2. Where was the sample taken?

3. Provide any other information about the specific example. (ex: presence/absence, detect/non-detect, and results with a value (pH, X ppm, x cfu/g))

The screenshot displays a web-based data reporting interface. A dropdown menu is open, listing various agents for selection. The list includes: Hepatitis A, Bacillus cereus, Campylobacter, Clostridium perfringens, Cryptosporidium, Cyclospora, E. coli O157:H7, E. coli STEC/VTEC, Listeria, Norovirus, Salmonella, Shigella, Staphylococcus aureus, Vibrio parahaemolyticus, Yersinia, Ciguatera toxin, Scombrototoxin, and Other (Enter a new value). The 'Other' option is highlighted in yellow. Below the dropdown, there are input fields for 'Date sample was collected' (with a placeholder 'mm/dd/yyyy'), 'Serotype', and 'Clinical sample match?'. A '+ Add Agent' button is visible at the bottom left of the form area.

Agents in dropdown menu:

- Hepatitis A
- Bacillus cereus
- Campylobacter
- Clostridium perfringens
- Cryptosporidium
- Cyclospora
- E. coli O157:H7
- E. coli STEC/VTEC
- Listeria
- Norovirus
- Salmonella
- Shigella
- Staphylococcus aureus
- Vibrio parahaemolyticus
- Yersinia
- Ciguatera toxin
- Scombrototoxin
- Other (Enter a new value)

Form fields and buttons:

- + Add Agent
- Establishment
- Positive
- Add each po
- Number of samples
- + Add Positive Sample
- Date sample was collected: mm/dd/yyyy
- Serotype
- Clinical sample match?