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?	
6. How many non-food service establishments in your jurisdiction were associated with this outbreak?	#:
6a. *If non-food service establishments in your jurisdiction were associated with the outbreak*: How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak? (Non-food service establishments include food distribution centers, warehouses, manufacturers, processing plants, or farms.)	#:
7. Was a primary agent identified (suspected or confirmed) in this outbreak? (Agents are considered confirmed if they are laboratory-confirmed, as determined by CDC guidelines: https://www.cdc.gov/ foodsafety/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
- ❍ *Bacillus cereus*
- ❍ *Campylobacter*
- ❍ Ciguatera toxin
- ❍ *Clostridium perfringens*
- ❍ *Cryptosporidium*
- ❍ *Cyclospora*
- ❍ *E.coli O157:H7*
- ❍ *E. coli* STEC/VTEC

- ❍ Salmonella
- ❍ Scombrotoxin
- ❍ *Shigella*
- ❍ *Staphylococcus aureus*
- ❍ *Vibrio parahaemolyticus*
- ❍ *Yersinia*
- ❍ Toxic agent, *Describe*: _____
- ❍ Other agent, *Describe:*_____
- ❍ Chemical hazard, *Describe:*_____

| ○ *Listeria* | ○ Physical hazard, *Describe:*_____ |
| ○ Norovirus | |

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*: _____

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

12. Were any contributing factors identified in this outbreak?	○ Yes *Complete Part VII, Contributing Factors* ○ No

13. What activities were conducted during the outbreak investigation to try to identify the contributing factors? *(Check all that apply)*	☐ Routine inspection ☐ Interviews with establishment manager(s) ☐ Interviews with establishment worker(s) ☐ Observation of general food preparation activities during establishment visit ☐ Food preparation review ☐ Assumed based on etiology	☐ Environmental sampling ☐ Food sampling ☐ Clinical sampling ☐ Epidemiologic investigation (case-control or cohort study) ☐ Interviews with cases (but not controls) ☐ Traceback ☐ Other, *Describe*:

14. 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

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

o Lack of training of employees on specific processes

o Lack of oversight of employees/ enforcement of policies

o High turnover of employees or management

o Low/insufficient staffing

o Lack of a food safety culture/ attitude towards food safety

o Language barrier between management and employees

o Insufficient capacity of equipment (not enough equipment for the processes)

o Equipment is improperly used

o Lack of preventative maintenance on equipment

o Improperly sized or installed equipment for the facility

o Poor facility layout

o Lack of sick leave or other financial incentives to adhere to good practices

o Lack of needed supplies for the operation of the restaurant

o Insufficient process to mitigate the hazard

o Employees or managers are not following the facility's process

o Food not treated as TCS (may include non-TCS foods that have been contaminated)

o Other, *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? | ❍ Yes   ❍ No

| **17a.** *If immediate control measures were implemented*: What were the control measures implemented? (*Check all that apply*) | o Re-trained or trained food worker(s)
 o Discarded food <br> o Cleaned and sanitized/disinfected restaurant <br> o Closed restaurant <br> o Excluded ill/infectious workers | o Changed operational practice <br> o Repaired/replaced/removed equipment <br> o Embargoed food products <br> o Public notification <br> o Other, *Describe*: |

Attachment 6 – NEARS Environmental Assessment Recording Form

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. When was the establishment identified for an environmental assessment? (MM/DD/YYYY):		/ /	
2. When was the first contact with establishment management? (MM/DD/YYYY):		/ /	
3. How many times did you visit the establishment to complete the environmental assessment?:	#:		
4. How many contacts did you have with the establishment other than visits to complete the environmental assessment?(Ex: phone calls, phone interviews with staff, faxes) to complete this environmental assessment:	#:		

5. What type of facility is this establishment?

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

6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?	#:

6a. *If critical violations were noted:* Mark any of the following observed during the last routine visit.

o Improper hot/cold holding temperatures of foods (TCS/PHF)
o Improper cooking temperatures of foods
o Soiled and/or contaminated utensils and equipment
o Poor employee health and hygiene
o Food from unsafe sources
o Other, *Describe*:

7. 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
8. 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

9. What is the 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

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. *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)*

o On the menu as a footnote
o On the menu in the menu item description
o On a sign

	o Other, *Describe:*
12. Which one of these options best describes the menu for this establishment?	○ American (non-ethnic) ○ French ○ Chinese ○ Italian ○ Thai ○ Mexican ○ Japanese ○ Other, *Describe*: ○ Mediterranean/Middle Eastern

Samples	
13. 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, #: ____ ☐ Inside any cooling unit (ex., walk-in, reach-in) #:____ ☐ Food prep table, #:____ ☐ Inside any heating unit #:____ ☐ Utensil (ex., tongs, pan) #:____ ☐ Wall, ceiling, #:____ ☐ Sink, #:____ ☐ Floor (ex., floor, floor mat) #:____ ☐ Slicer, #:____ ☐ 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.
	o Specific food ingredient A, #:____
	  Name_____
	o Specific food ingredient B, #:____
	  Name_____
	o Specific food ingredient C, #:____
	  Name_____
	o Specific food ingredient D, #:____
	  Name_____
	o Specific food ingredient E, #:____
	  Name_____
	The names given below should match the multi- ingredient food name(s) given in Part V.
	o Multi-ingredient food A, #:____
	  Name_____
	o Multi-ingredient food B, #:____
	  Name_____
	o Multi-ingredient food C, #:____
	  Name_____
	o Multi-ingredient food D, #:____
	  Name_____
	o Multi-ingredient food E, #:____

Attachment 6 – NEARS Environmental Assessment Recording Form

	Name_____

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 <u>at the time of the initial environmental assessment</u> and <u>NOT</u> those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation. Please answer the following questions by <u>observation</u>. If a question is not relevant to the establishment's operation, select 'Not applicable' (N/A).

1. How long was the observation?	Number of minutes:
2. What date was the observation initiated? (MM/DD/YYYY):	
3. How many hand sinks are in or adjacent to the employee restrooms?	Number of sinks:
3a. *If there is at least one hand sink in the employee restrooms:* Is warm water (minimum 100°F) available at all employee restroom hand sinks?	○ Yes ○ No *If no:* How many without:
3b. *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:
3c. *If there is at least one hand sink in the employee restrooms:* Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks?	○ Yes ○ No *If no:* How many without:
4. How many hand sinks are in located in the work area?	Number of sinks:
4a. *If there is at least one hand sink in the work area:* Is warm water (minimum 100°F) available at all hand sinks in the work area?	○ Yes ○ No *If no:* How many without:
4b. *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:
4c. *If there is at least one hand sink in the work area:* Are paper or cloth drying towels or electric hand dryers available at (or near) all available at all hand sinks in the work area?	○ Yes ○ No *If no:* How many without:
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?	Number of units: ○ N/A
6a. *If there is at least one cold storage unit:* Which types of units did you observe? (*Check all that apply*)	o Reach-in o Self-serve/Salad bar o Walk-in o Open-top units o Other, *Describe*: _____
7. Were any foods observed in cold holding?	○ Yes ○ No ○ N/A
7a. *If cold holding was observed:* Were 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 the visit? (*Check all that apply*)	o Bare hands touch non-RTE food o Bare hands touch RTE food o Gloved hands touch non-RTE food o Gloved hands touch RTE food o Other methods to prevent bare hands from touch 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 ❍ No ❍ N/A
11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded?	❍ Yes ❍ No ❍ N/A
12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods?	❍ Yes ❍ No ❍ N/A
12a. *If there is evidence of cross contamination:* Describe:	
13. Is there any evidence of cooling of hot foods observed in this establishment?	❍ Yes ❍ No ❍ N/A
13a. *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:*
13b. *If there is cooling of hot foods:* Were the cooling methods properly implemented?	❍ Yes ❍ No ❍ Undetermined
14. Are any foods observed in hot holding?	❍ Yes ❍ No ❍ N/A
14a. *If foods in hot holding:* Were the temperatures of all foods measured in hot holding at 135°F or above?	❍ Yes ❍ No
15. Were any foods observed during cooking?	❍ Yes ❍ No ❍ N/A
15a. *If foods cooking:* Were the temperatures of all foods measured during cooking at or above the recommended temperatures?	❍ Yes ❍ No
16. Were there any thermometers observed in food preparation areas to measure food temperatures?	❍ Yes ❍ No ❍ N/A
16a. *If thermometers observed:* Were any thermometers observed being used?	❍ Yes ❍ No
17. Were any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment?	o Wiping cloths o Sanitizer buckets o Disposable sanitizer wipes o Spray bottle o Other, *Describe*: ❍ None of the items were present
17a. *If wiping cloths are used*: Are all wet wiping cloths stored in sanitizer solution between uses?	❍ Yes ❍ No ❍ Not in use
17b. *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 ❍ Not in use
18. What does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? *(Check all that apply)*	o Mechanical washing machines o Manual washing

	o Other, *Describe*:
18a. *If mechanical washing:* Does the wash cycle reach the temperatures recommended for the mechanical washing machine?	❍ Yes ❍ No ❍ Mechanical washing not occurring
18b. *If mechanical washing:* How is sanitization achieved? (*Check all that apply*)	o Heat o Chemical
18b1. *If heat used to sanitize:* Does the sanitizing cycle reach the temperatures recommended for sanitization?	❍ Yes ❍ No ❍ Mechanical washing not occurring ❍ Out of order
18b2. *If chemical used to sanitize:* Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?	❍ Yes ❍ No ❍ Mechanical washing not occurring ❍ Out of order
18c. *If manual washing:* What type of sink is used for manual washing? (*Check all that apply*)	o 3-compartment o 2-compartment o Other, *Describe*:
18d. *If manual washing:* Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly? (*Check all that apply*)	o Yes o No, steps not in proper order o No, did not wash properly o No, did not rinse o No, did not sanitize properly o No, did not air dry o No, Other, *Describe*: ❍ Manual washing not occurring
19. Did you observe signs and instructions posted in the establishment?	❍ Yes ❍ No
19a. *If yes:* Did any use pictures or symbols to communicate a message?	❍ Yes ❍ No
19b. *If yes:* What languages did you observe on signs or instructions posted for food workers? (*Check all that apply*)	o English o Chinese (any dialect) o Spanish o Japanese o French o No written words o Other, *Describe*:
20. 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*: ❍ None of these items were present
20a. *If any of these are observed:* Were any of these things located together (ex: in a kit)?	❍ Yes ❍ No
21. Were there any differences to the physical facility, food handling practices you observed on your initial visit, or other circumstances	❍ Yes ❍ No

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that were different at the time of exposure?	

21a. *If there were differences:* Describe:

22. 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

23. Is a certified kitchen manager present at the time of data collection? (*Check all that apply*)
      o Yes, ANSI certification   o Yes, other certification   o Yes, certification is not available
      o No   o Unsure   o Certification is not current
      o No, but establishment has certified kitchen manager on staff

24. Does the <u>written</u> employee health policy or procedure: (*Check all that apply*)
 o Employee health policy not in use
 o Require food workers to tell a manager when they are ill?
 o Require ill workers to tell managers what their symptoms are?
 o Specify certain symptoms that ill workers are required to tell managers about? (*Check all that apply*)

     o Vomiting   o Sore throat with fever

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

     o Jaundice (yellow eyes or skin)   o Other, *Describe:*

 o Apply to kitchen managers
 o Apply to food workers?
 o Restrict ill workers from working?
 o Exclude ill workers from working?
 o Include a record to track employee illness (ex: on schedule or log)?
 ❍ No written policy

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. (*Check all that apply*)	o 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* Enteritidis and eggs). o Ingredient/food was epidemiologically linked with cases (not statistically significant) o Ingredient/food was epidemiologically linked with cases (statistically significant) o Agent was confirmed in samples of an epidemiologically linked food o Agent was confirmed in clinical samples o Isolates from clinical and food samples closely related or identical by molecular typing o Other, *Describe*:
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. Did any of the following intend for the food to be consumed raw or undercooked? (*Check all that apply*)	o Manufacturer/Processor o Establishment o Customer o N/A o Unknown
4. If ingredient is:	
a. *Poultry*, Select the type:	◯ Chicken ◯ Goose ◯ Other (ex: emu), *Describe*: ◯ Turkey ◯ Duck:
b. *Seafood,* Select the type:	◯ Fin fish (ex: trout, cod) ◯ Crustaceans (ex: shrimp) ◯ Other, *Describe*: ◯ Shellfish (ex: oysters) ◯ Marine mammals (ex: dolphins)
c. *Beef, pork, lamb, other meat,* Select the type:	◯ Beef ◯ Lamb ◯ Pork ◯ Miscellaneous meat (ex: goat, rabbit), *Describe*:
d. *Poultry, seafood, beef, pork, lamb, other meat,* Select the best description of the product *upon arrival* at the food service establishment:	◯ Raw, nonfrozen ◯ Commercially processed precooked, may require ◯ Dried/Smoked ◯ Raw, frozen heating for palatability (ex: deli meat, hot dogs, fully ◯ Other, *Describe* ◯ Raw, intended for raw service cooked frozen fish heated for service) (ex: oysters, steak tartar) ◯ Commercially processed, further cooking required (ex: chicken nuggets that require full cooking)
e. *Dairy,* Select the best description of the product *upon arrival* at the food service establishment:	◯ Pasteurized fluid milk ◯ Pasteurized dairy product, *Describe*: ◯ Cheese, *Describe*: ◯ Unpasteurized fluid milk ◯ Unpasteurized dairy product, *Describe*:
f. *Eggs,* Select the best description of the product *upon arrival* at the food service establishment:	◯ Pasteurized in-shell eggs ◯ Unpasteurized in-shell eggs ◯ Pasteurized egg product ◯ Unpasteurized egg product *Describe the egg ingredient:*
g. A *plant or plant product,* Select the type:	◯ Fruit (ex: apples, berries, citrus) ◯ Nuts/Seeds (ex: pecans, sesame ◯ Grains/Cereal products (ex: ◯ Fungi (ex: mushrooms) seeds bread, pasta) ◯ Grains/Cereals (ex: rice, wheat, oats) ◯ Produce *Describe the plant ingredient*:
h. *If ingredient is produce,* Select the type:	◯ Greens (ex: romaine, spinach) ◯ Root vegetable (ex: potatoes, garlic) ◯ Sprouts (ex: alfalfa) ◯ Vine or above ground vegetable (ex: asparagus, black beans) *Describe the produce ingredient*:
i. *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 ◯ Commercially processed fresh product ◯ Commercially processed - canned (ex: green beans) (ex: bagged lettuce) ◯ Dried, other ◯ Raw, frozen (ex: frozen corn)
j. *If ingredient is not described in the previous categories,* Describe the ingredient:	

Attachment 6 – NEARS Environmental Assessment Recording Form

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

Sampe number (assigned by health department):	Date sample was collected (DD/MM/YYYY):		
1. Describe the agent(s) found in the sample.	**a.** Agent *(Check all that apply)*	**b.** Serotype, if identified	**c.** Matched a clinical sample
	o Hepatitis A		❍ Yes ❍ No
	o *Bacillus cereus*		❍ Yes ❍ No
	o *Campylobacter*		❍ Yes ❍ No
	o Ciguatera toxin		❍ Yes ❍ No
	o *Clostridium perfringens*		❍ Yes ❍ No
	o *Cryptosporidium*		❍ Yes ❍ No
	o *Cyclospora*		❍ Yes ❍ No
	o *E. coli* 0157:H7		❍ Yes ❍ No
	o *E. coli* STEC/VTEC		❍ Yes ❍ No
	o *Listeria*		❍ Yes ❍ No
	o Norovirus		❍ Yes ❍ No
	o *Salmonella*		❍ Yes ❍ No
	o Scombrotoxin		❍ Yes ❍ No
	o *Shigella*		❍ Yes ❍ No
	o *Staphylococcus aureus*		❍ Yes ❍ No
	o *Vibrio parahaemolyticus*		❍ Yes ❍ No
	o *Yersinia*		❍ Yes ❍ No
	o Toxic agent, *Describe:*		❍ Yes ❍ No
	o Chemical hazard, *Describe:*		❍ Yes ❍ No
	o Physical hazard, *Describe:*		❍ Yes ❍ No
	o Other, *Describe:*		❍ Yes ❍ No
2. Where was the sample taken?	❍ Floor drain ❍ Slicer ❍ Wall, ceiling ❍ Food prep table ❍ Inside any cooling unit (ex: ❍ Floor (ex: floor itself, floor mat) ❍ Utensil (ex: tongs, pan) walk-in, reach-in) ❍Other, *Describe:* ❍ Sink ❍ Inside any heating unit 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*.

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*
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?	○ 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 ○ Unknown