

Note to reviewers: This document contains screenshots of the NEARS data reporting system.

National Environmental Assessment Reporting System (NEARS)

Screenshot of OMB statement

Form Approved

OMB No. 0920-0980 

Exp. Date: 2/28/2026

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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)

Attachment 8 - NEARS Data Web Entry (screenshots)

Data Collectors

Data Collectors

[+ Add Data Collector](#)

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

Data Collector

[X](#)

First Name:

Last Name:

Job Function:

Agency Type:

Assessment Training:

Assessment Completion Date:

[Save](#)

[Cancel](#)

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? i

- 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? i

5. How many environmental assessments were conducted at food service establishments in your jurisdiction as a part of this outbreak? i

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? i

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.) i

7. Was a primary agent identified in this outbreak?

Yes

No

Was the agent identified suspected or confirmed?

7a.

Confirmed

Suspected

8. Was

Surveillance Program?

7a. What was the identified agent?

Select a value... ▾

8. Was the agent identified?

Hepatitis A

Bacillus Cereus

Campylobacter

8a. What was the primary agent?

Clostridium Perfringens

Cryptosporidium

Cyclospora

E. coli O157 :H7

E. coli STEC/VTEC

9. Was the agent identified?

Listeria

Norovirus

Salmonella

Shigella

Suspected agent?

Staphylococcus Aureus

10. What was the suspected agent?

Vibrio Parahaemolyticus

Yersinia

Ciguatera toxin

11. (Q) What was the toxic agent?

Scombrotoxin

Toxic agent (Please describe)

Chemical hazard (Please describe)

12. What was the hazard?

Physical hazard (Please describe)

Other (Please describe)

No

Attachment 8 - NEARS Data Web Entry (screenshots)

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: 

Local

Outbreak reporting number assigned by the jurisdiction: 

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		Description
Select a value...		<input type="text"/>	
NORS			
NNDSS			
PulseNet			
CaliciNet			
Other (Please describe)			

Suspected food suspected or confirmed in this outbreak?

10. Was

Yes
 No

Other (Please describe)

Attachment 8 - NEARS Data Web Entry (screenshots)

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. i

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

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Select a value...

14

Assumed based on etiology

Clinical sampling

15

Environmental sampling

Epidemiologic investigation (case-control or cohort study)

16

Food preparation review

Food sampling

17

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

C

Traceback

Ad

Other (Please describe)

regulatory program and the communicable disease program during this outbreak investigation to try to identify the contributing factors? (Check all that apply)

Check all that apply)

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

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

Select a value...

15

Very Poor

Poor

16

Fair

Good

17

Very good

There was no communication

Check all that apply)

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

No

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Select a value...

16

Employees or managers are not following the facility's process

Equipment is improperly used

17

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

C

Ad

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)

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

Defined in the Definitions of Factors Contributing to Outbreaks section of the NEARS I

Occurrence

No data

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

X

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.

ibu

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

Attachment 8 - NEARS Data Web Entry (screenshots)

Contributing Factor X

1. Which contributing factor was identified? *

▼

- 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 X

1. Which contributing factor was identified? *

▼

- 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

Attachment 8 - NEARS Data Web Entry (screenshots)

Contributing Factor X

1. Which contributing factor was identified? *

▼

- 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 X

1. Which contributing factor was identified? *

▼

- 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 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:

Attachment 8 - NEARS Data Web Entry (screenshots)

5. Facility Type:

Select a value...

6. Camp

Caterer

7. Church

Correctional Facility

Cottage/home-based food operation

8. Daycare center

Feeding site

Food Cart

Grocery store

9. Hospital

Mobile Food Unit

10. Nursing home

Other

Restaurant

11. Restaurant in a Supermarket

School Food Service

Temporary Food Stand

12. Workplace cafeteria

Attachment 8 - NEARS Data Web Entry (screenshots)

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: 

10. 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)

12. Which

Select

On a sign

On the menu as a footnote

13. Were

On the menu in the menu item description

Other

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

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 Interview

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?

Select a value...

Chain

Independent

Refused

Unsure

4. Is this establishment part of a chain or franchise?

5. Is this establishment independent?

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Give number

Enter Number

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

Select a value...

6.

Monday

Tuesday

7.

Wednesday

Thursday

8.

Friday

9.

Saturday

Sunday

10.

Refused

Unsure

other location?

e added to your menu(s)?

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

manager in this establishment?

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

- 9. Less than 6 months
- 10. 6 months - less than a year
- 11. 1 year - less than 2 years
- 12. 2 years - less than 4 years
- 13. 4 years - less than 6 years
- 14. 6 years - less than 8 years
- 15. 8 years - less than 10 years
- 16. 10 or more years
- 17. Refused
- 18. Unsure

?

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

owledge and skills of all kitchen managers in your establishment. managers in this 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)

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...

Kit
R
al

No changes to menu items have occurred

- 8. In the last WEEK
- 9. In the last MONTH
- 10. More than a month ago
- 11. Unsure
- 12. Refused

ad the following questions, please
house.

manager in this establishment?

?

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

- 9. Less than 6 months
- 10. 6 months - less than a year
- 11. 1 year - less than 2 years
- 12. 2 years - less than 4 years
- 13. 4 years - less than 6 years
- 14. 6 years - less than 8 years
- 15. 8 years - less than 10 years
- 16. 10 or more years
- 17. Refused
- 18. Unsure

?

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owledge and skills of all kitchen managers in your establishment. managers in this 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...

- 10. **Less than 6 months**
- 11. 6 months - less than a year
- 12. 1 year - less than 2 years
- 13. 2 years - less than 4 years
- 14. 4 years - less than 6 years
- 15. 6 years - less than 8 years
- 16. 8 years - less than 10 years
- 17. 10 or more years
- 18. Refused
- 19. Unsure

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Attachment 8 - NEARS Data Web Entry (screenshots)

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)

Select a value...

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

(Check all that apply)

safety training and certification.

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

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

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

Select a value...

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

safety training and certification.

ning can be a course or a clas

? If you are not sure, use you

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

Read
of the

14. Ar

Se

15. Do

Se

Food

16. Ho

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.)

certification, where you receive a certificate upon completion

safety certification?

ct number, an estimate will be fine.

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

All of the time

Most of the time

Some of the time

Rarely

None of the time

Unsure

1

15. Do

Se

Food

16. Ho

Nur

1

safety certification?

ct number, an estimate will be fine.

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

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

at apply)

g can be a course or a class, or it can

have in this establishment. Food safety

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...

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

g can be a co

have in this es
documents that s

7. Do

Attachment 8 - NEARS Data Web Entry (screenshots)

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.

Select a value...

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?

Yes

17a1. Is this policy written?

Select a value...

17b. food slicers?

Yes

17b1. Is this policy written?

Select a value...

17c. food preparation tables?

Yes

17c1. Is this policy written?

Select a value...

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Yes

17d1. Is this policy written?

Select a value...

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

Yes

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

18a1. when they have cuts or other injuries?

Select a value...

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

Select a value...

18a3. when handling raw meat or poultry?

Select a value...

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

Select a value...

18b. Is the policy written?

Select a value...

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

Select a value...

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

- 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

24. Does this establishment have a policy that restricts food workers from working when they are ill?

Select

Read Aloud: Please keep in mind that this question refers to food workers in the kitchen area.

25. Do any food workers leave work because they are ill?

Select

de ill workers from working? By restrict I mean 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?

Attachment 8 - NEARS Data Web Entry (screenshots)

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...

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 checked about a potential problem in your restaurant?

Read Alo
keep in n
in the kit

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?

Attachment 8 - NEARS Data Web Entry (screenshots)

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?

Yes

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.

Provide number

Number of kitchen managers

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

Yes

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.

Provide number

Number food workers

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

Yes

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? i

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)? i

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

Attachment 8 - NEARS Data Web Entry (screenshots)

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

1

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

Select a value...

7. Are

Se

8. Wh

Se

9. Is th

o

Reach in

Walk-in

Self-Serve / Salad Bar

Open-top units

Other (Enter a new value)

7. Are any foods observed in cold holding?

Yes

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...

9.

Bare hands touch non-RTE food

Bare hands touch RTE food

Gloved hands touch non-RTE food

10

Gloved hands touch RTE food

Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil)

11

No food handling was occurring

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Select a value...

- Using ice bath for food container before cooling in blast chiller

15. Are

Select a value...

- Using ice wands before cooling in regular cooler
- Using ice wands before cooling in blast chiller

16. Are

Select a value...

- Other (Enter a new value)

measure int

Attachment 8 - NEARS Data Web Entry (screenshots)

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)

18	cle	Select a value...	clean dishes, utensils, or other food equipment that is not
19	cle	<input checked="" type="checkbox"/> Wiping cloths	clean, or other food equipment that is not
19	cle	<input type="checkbox"/> Sanitizer buckets	clean, or other food equipment that is not
20	cle	<input type="checkbox"/> Disposable sanitizer wipes	clean, or other food equipment that is not
20	cle	<input type="checkbox"/> Spray bottle	clean, or other food equipment that is not
20	cle	<input type="checkbox"/> None of the items were present	clean, or other food equipment that is not
20	cle	<input type="checkbox"/> Other (Enter a new value)	clean, or other food equipment that is not

Attachment 8 - NEARS Data Web Entry (screenshots)

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)*

19	Select a value...	nent?
20	<input type="checkbox"/> Mechanical washing machines <input type="checkbox"/> Manual washing <input type="checkbox"/> Other (Enter a new value)	

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

- 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)

20. Do you speak any of the following languages at home?	diarrheal incidents? (Check all that apply)
<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese (any dialect) <input type="checkbox"/> Japanese <input type="checkbox"/> No written words <input type="checkbox"/> Other (Enter a new value)	
21. Are there any specific circumstances you observed on your initial visit, and	
22. Re	

Attachment 8 - NEARS Data Web Entry (screenshots)

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

Select a value...

21	<input checked="" type="checkbox"/> Bleach
	<input type="checkbox"/> Disinfectant effective against norovirus surrogate
	<input type="checkbox"/> Personal protective equipment (ex: gloves or goggles/glasses or mask)
22	<input type="checkbox"/> Absorbent powder/solidifier
	<input type="checkbox"/> Directions for vomit/diarrhea cleanup
	<input type="checkbox"/> None of these items were present
23	<input type="checkbox"/> Other (Enter a new value)

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

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:

(Text area for description of differences)

22. Record any additional comments i

(Text area for additional comments)

Attachment 8 - NEARS Data Web Entry (screenshots)

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

24	<input type="checkbox"/> Yes, ANSI certification	ire?
	<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"/> Certification is not current	
	<input type="checkbox"/> 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

[X](#)

Food Name

[Cancel](#) [Save](#)

Attachment 8 - NEARS Data Web Entry (screenshots)

Establishment - Edit

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...

4. The 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)

5. 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)

ess used for this specific ingredient or multi-

any events noted that appeared to be different from by managers and / or workers?

Attachment 8 - NEARS Data Web Entry (screenshots)

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.
the

any events noted that appeared to be different from the ordinary operating circumstances or procedures as described by managers and / or workers?

ablis
amp
I each

f the EA.

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
- If en
Env
Sam
+
If fo
Spec
Food
- 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

Attachment 8 - NEARS Data Web Entry (screenshots)

NEARS G
CDC

2. Is this food a sandwich, or a

Single sp
 Multi-Ing

Ingredient

Ingredient

3. Select the role in the outbreak. (Check all that apply)

Select a value

4. Which of the following was implicated in the ingredient food before consumption?

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): *

Manufacturer/Processor

Establishment

Customer

N/A

Unknown

Save

Example, hamburger

+ Add Ingredient

was implicated in t

ingredient or multi-

Attachment 8 - NEARS Data Web Entry (screenshots)

NEARS G
CDC

2. Is this food a sandwich, or a

Single sp

Multi-Ing

Ingredient

Ingredient

3. Select the re

outbreak. (Che

Select a value...

4. Which of the following ingredient food before

Select a value...

5. During the likely time

the ordinary operating

New Ingredient X

1. Name of ingredient: *

Example, hamburger

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 ingredient category..

Poultry

Seafood

Beef, pork, lamb, other meat

Dairy

Eggs

Plant or plant product

Other

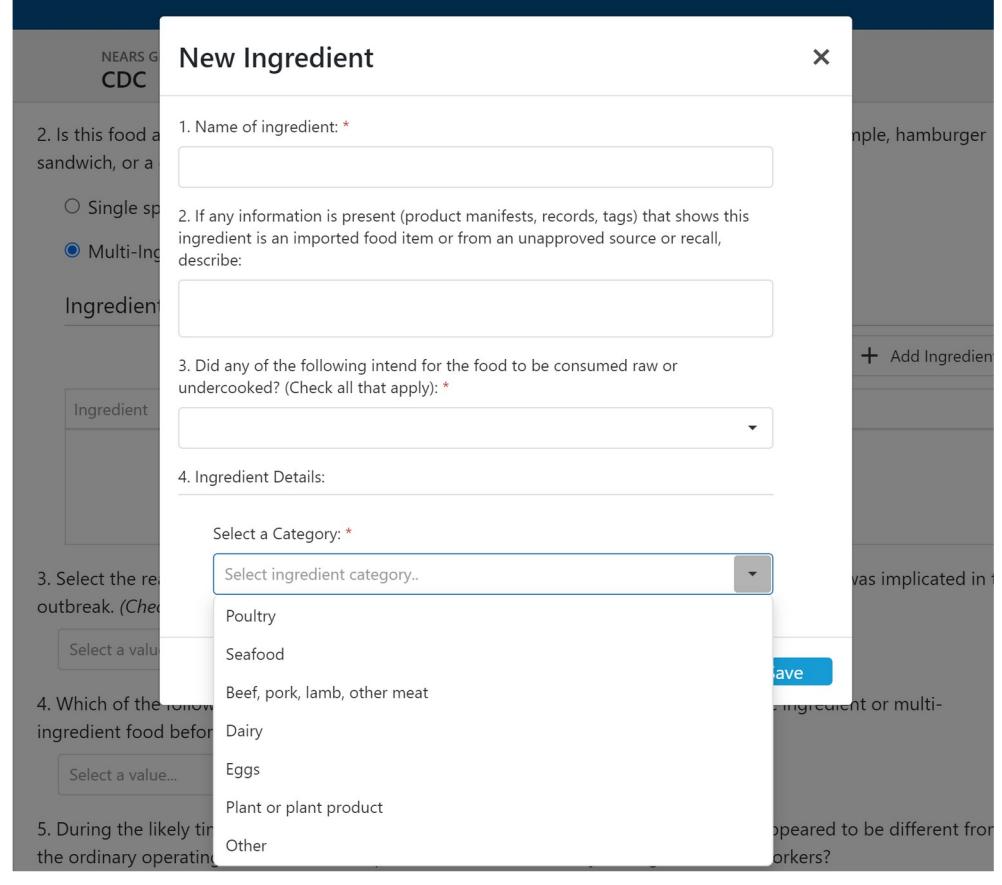
Save

+ Add Ingredient

was implicated in 1

ingredient or multi-

appeared to be different from workers?



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: *

Poultry

Select Type of Poultry:

Chicken

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

Select upon arrival...

- 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

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: *

Seafood

Select Type of Seafood:

Fin fish (ex: trout, cod)

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: *

Beef, pork, lamb, other meat

Select a Type:

Select a type...

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

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: *

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: *

Plant or plant product

Select Type of Plant or plant product:

Select a type...

- 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

New 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: *

Other

Please describe:

Describe the ingredient

Description is required

Cancel

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
-----------------	-------------------

Select a value...	<input type="button" value="▼"/>
-------------------	----------------------------------

1	<input type="button" value="Delete"/>
---	---------------------------------------

[+ Add](#)

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

Specific food samples:

Food item	Number of samples
-----------	-------------------

Select...	<input type="button" value="▼"/>
-----------	----------------------------------

1	<input type="button" value="Delete"/>
---	---------------------------------------

[+ Add](#)

Multi-ingredient food samples:

Food item	Number of samples
-----------	-------------------

Select...	<input type="button" value="▼"/>
-----------	----------------------------------

1	<input type="button" value="Delete"/>
---	---------------------------------------

Attachment 8 - NEARS Data Web Entry (screenshots)

Environmental samples:

Sample location	Number of samples
<input type="text" value="Select a value..."/> ▼	<input type="text" 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 1 ingredients were sampled?

Number of samples
<input type="text" value="1"/> ✖

Number of samples

Number of samples
<input type="text" value="1"/> ✖

Part VI: Positive Samples

Establishment – EST01

Positive Samples

[+ Add Positive Sample](#)

Add each positive sample and provide answers to the questions

[Positive Sample](#) [Delete](#)

Positive sample number	Date sample was collected
<input type="text"/>	<input type="text"/> mm/dd/yyyy

1. Describe the agents found in the sample:

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

[+ 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))

Attachment 8 - NEARS Data Web Entry (screenshots)

The screenshot displays a web-based data entry interface for foodborne pathogens. On the left, a sidebar lists various pathogens under categories like 'Multi-pathogen', 'Foodborne', and 'Established'. A yellow box highlights the '1. Disease' field, which is currently empty. Below it, the 'Agent' field is also highlighted in yellow and contains the placeholder text 'Other (Enter a new value)'. A dropdown menu is open, showing the option 'Select a value...'. On the right, a larger form is shown for adding a positive sample. It includes fields for 'Number of samples' (with a placeholder '1'), 'Date sample was collected' (with a placeholder 'mm/dd/yyyy'), 'Serotype' (with a dropdown menu), and 'Clinical sample match?' (with a checkbox and a trash bin icon). A blue button labeled '+ Add Positive Sample' is visible at the top right of this form.