

RESPRO FOODBORNE ILLNESS REPORT

Restaurant name: _____

Date: _____

Manager on duty: _____

Time of meal: _____

Complainant name: _____

Address: _____

Phone number: _____

How many in party: _____

Live together or separate: _____

Who was sick: _____

Symptoms (nausea, vomit, diarrhea, etc.): _____

When did symptoms start: _____

DATE AND TIME OF MEAL

All food items eaten by all in party, check ones that are ill:

____ Guest 1:

____ Guest 2:

____ Guest 3:

____ Guest 4:

How long did symptoms last: _____

Doctor visit: _____

72-HOUR MEAL HISTORY (WHAT AND WHERE)

Same-day meals:

Day before:

Two days before:

Three days before:

Comments: _____

INTERNAL QUESTIONS

How many of the suspected items were sold that day:

Do you have temp logs:

What do the logs show:

Any sick employees:

Unusual events (power loss, no hot water, etc.):

Who prepared suspected food:

Do they have current food-handler training:

Suspected food origin (company name of farm or manufacturer):

Prep processes for suspected food (cooking, cooling, final assembly):

Additional Comments: _____

