



Foodborne Illness Incidence Report

Date Occurred: _____

Restaurant Name: _____

Time Day/Meal: _____

Customer's Name: _____

Address: _____

Telephone number: _____

Physician Contact Information: _____

Health Dept. contact Name & Date: _____

Suspected Food Item(s) & Manufacturer's Product Information:

Summary of Incident:

Symptoms and duration:

Bag, label, date, and indicate current storage location of food:

Was medical treatment sought? If so describe.



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Results of Investigation:

Corrective Action:

Restaurant Manager Signature: _____

Date: _____