|  |
| --- |
| **PLACE OF SERVICE INVESTIGATION** |
| Food/Ingredient under investigation | Agent | Email |
| Place of service1 | Address |
| Owner/Operator | Person interviewed | Phone/Fax |
| Other meals at which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was served (list meals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other dishes/products in whichSuspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was served/incorporated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list dishes or product) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates served / / / / / /Dates served/processed / / / / / / | Known illness \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ | No. cases \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ |
| Operations being investigated (e.g., cooking slicing) | Factors contributing to outbreak |
| **PLACE OF PREPARATION** (if different than place of serving) |
| Place prepared/purchased1 | Address |
| Owner/Operator | Person interviewed | Phone/Fax |
| Label Name | Product characteristics (e.g., color, grade, grind size, % fat, size) |
| Other meals at which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was served (list meals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other dishes/products in whichSuspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was served/incorporated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list dishes or product) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates served / / / / / /Dates served/processed / / / / / / | Known illness \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ | No. cases \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ |
| Operations being investigated (e.g., cooking slicing) | Factors contributing to outbreak at place of service |
| **PLACE OF PURCHASE OF SUSPECT FOOD OR INGREDIENT** |
| Supplier1 | Address | Phone/Fax/Email |
| Date suspect food/ingredient(lot) received by preparer2 | Quantity received | Lot number | Other product codes/bills of lading numbers |
| Manufacturer/Brand | Condition when received (e.g., packaged, loose |
| Product characteristics (e.g., package/container, size/weight/volume, grade) |
| Investigator | Title | Agency | Date |

1 Show initials or code used in boxed on flow diagram, Form C
2 Attach documentation (e.g., copies of freight bills, air bills, receipts (receiving and sales), signed sworn statements, labels)

**FOOD TRACEBACK INVESTIGATION REPORT: FORM B**

|  |  |  |
| --- | --- | --- |
| Owner/Operator | Person interviewed | Phone/Fax |

**f**