

Foodborne Illness Report Sheet

Report taken by:	(date)	(time)
1. Information about the customer		
Name:		
Address:		
Postal code:		
Telephone: (home)	(business)	(mobile)
2. Information about the foodborne illness		
When did the customer eat at the restaurant?	(date)	(time)
What did they eat?		
Were other people present? How many? Are they ill?		
When did the first symptoms appear?	(date)	(time)
Symptoms	<input type="checkbox"/> nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> fever <input type="checkbox"/> blurred vision <input type="checkbox"/> numbness <input type="checkbox"/> vomiting	
	<input type="checkbox"/> dizziness <input type="checkbox"/> headache <input type="checkbox"/> abdominal cramps <input type="checkbox"/> metallic taste <input type="checkbox"/> other (please specify)	
Is there any remaining food?	Yes / No	If yes, where is it?
Was there a physical hazard?	Yes / No	If yes, what was it?
Did the customer see a doctor?		
Other information:		
3. Referral process		
Supervisor has seen this foodborne illness report sheet	Supervisor signs:	(date)
Supervisor has referred this report to an EHO	Name of EHO:	(date)
4. Follow-up		
Follow-up done?	Yes / No	(date)
EHO's inspection report attached?	Yes / No	(date)
Supervisor's signature:	(date)	