

FOOD/ENVIRONMENTAL SAMPLE COLLECTION REPORT

		Complaint Number	Sample Number ¹
Submitter Name	Submitter's Address		
Place Collected	Address		Phone
Person-In-Charge	Sample		Date/Hour Collected

Reason for Collecting Sample:
 Food from alleged outbreak,
 Food ingredient,
 Similar food prepared in similar manner to that involved in outbreak,
 Environmental,
 Other (specify) _____

Method of Collecting and Shipping Sample:

Method of Sterilizing: Container ²	Collection Utensil ²	
Location Food Stored When Sampled	Temperature: Food Storage Unit	Time Between Serving and Sampling
Shipped: <input type="checkbox"/> Refrigerated, <input type="checkbox"/> Frozen, <input type="checkbox"/> Ambient	Identification Marks	Cost of Sample

Product Identification:

Name	Brand	Lot Number
Manufacturer's Name	Address	Container Size or Weight

Symptoms of Victims:
 Nausea,
 Vomiting,
 Abdominal Cramps,
 Fever,
 Diarrhea
 Other (specify) _____

Time of Eating Suspect Food/M meal: Date Hour	Time of Onset: Date Hour	Incubation Period	Duration of Illness
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Investigator	Title	Agency	Date
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Test Requested	Present/Absence	Count/Concentration	Definitive Type
<input type="checkbox"/> Staphylococci			
<input type="checkbox"/> Staphyloenterotoxin			
<input type="checkbox"/> <i>C. perfringens</i>			
<input type="checkbox"/> <i>B. cereus</i>			
<input type="checkbox"/> <i>Salmonella</i>			
<input type="checkbox"/> <i>Shigella</i>			
<input type="checkbox"/> <i>E. coli</i>			
<input type="checkbox"/> <i>V. parahaemolyticus</i>			
<input type="checkbox"/> <i>C. botulinum</i>			
<input type="checkbox"/> Botulinus toxin			

Condition of Food	Temperature: When received
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Comments and interpretations

Laboratory Analyst	Agency	Date/Hour: Received Started Completed	Agent Identified
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¹Attach a list of number, sample, and tests desired for other samples collected at the same establishment during the same investigation.
²Specify only if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.