Foodborne Illness Incident Report

Date Occurred: _____ School: _____
Time/Meal: _____

Child's Name: _____
Parent's Name: _____
Address: _____
Telephone number: _____
Physician contact information: _____
Health Dept. contact Name & Date: _____

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

_____
_____
_____
_____
_____

Summary of Incident:

_____
_____
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_____
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_____

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

_____
_____

Supervisor Signature: _____ Date: _____

Food Safety Project
IOWA STATE UNIVERSITY

Results of Investigation:

Corrective Action: