Interdepartmental Food/Water-borne Complaint Worksheet and Summary

| Nature of Complaint ✓ Food Related Illness □ Water Related Illness □ Contaminated Product □ Other | | | | | | | | | |
|---|--|--------------------|------------------------|--------------------------|-----------------|--------------------|--|--|--|
| | /07/2006 | Interviewe | | | | | | | |
| Caller's Name: <u>Ba</u> Caller's Address: | arbara Henley | | Home F | ?hone: <u>207-854-49</u> | 9 Work Phone: | | | | |
| Food Event | | | | | | | | | |
| Date Purchased: 03 Suspected Food(s)/Be Place of Purchase: | Date Consumed: <u>03/06/2006</u> Time Consumed: ate fish at the restaurant, and got very sick at Verrillo's Riverside St. | | | | | | | | |
| Address: <u>155 RIVERSIDE ST</u> | | | | | | | | | |
| Water Contact History Date of Exposure: | | | | | | | | | |
| Address: | | | | | | | | | |
| Illness History | | | | | | | | | |
| Number III: | - | | | | | | | | |
| Name | Phone O | nset-Date &Time | Duration of Illness | Symptoms | Food/Drink/Swim | Medical Visit?* | | | |
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| | | | | | | | | | |
| For additional names - attach separate sheet * If yes, identify provider/hospital | | | | | | | | | |

Food History

- * Obtain history back 72 hours prior to symptoms, with focus on restaurants, ready to eat foods
- * If >2 are ill, follow above time frame for common meals/food only

| Date & time | Nbr personsFoodsExposedConsumed | | Restaurant/where Purchased | | |
|-------------|---------------------------------|--|-------------------------------|--|--|
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For additional dates - attach separate sheet

| Actions Taken: | | | | | |
|--|--|--|--|--|--|
| ecommendations: | | | | | |
| | | | | | |
| | | | | | |
| No further action | | | | | |
| Interdepartmental form completed and sent to apropriate agency | | | | | |
| Outbreak Investigation | | | | | |
| Report to Central Office | | | | | |
| otes: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Incubation periods for selected organisms

| | Min | Max | | Min | Max | | Min | Max |
|--------------------------------|-------|--------|------------------------|--------|--------|-----------------|---------|--------|
| B. cereus (short) | 1 hr | 6 hrs | E.coli O157:H7 | 3 days | 8 days | Staph. aureus | 30 mins | 8 hrs |
| B. Cereus (long) | 6 hrs | 24 hrs | Hepatitis A | 14 day | 42 day | Shigella | 12 hrs | 96 hrs |
| B. cereus (short)Campylobacter | 1 day | 10 day | Salmonella (non-typhi) | 6 hrs | 72 hrs | Vibrio Cholerae | few hr | 5 days |
| Cyclospora | 1 day | 14 day | Salmonella Typhi | 1 day | 3 wks | Viral GI | 12 hrs | 48 hrs |
| C. perfringens | 6 hrs | 24 hrs | Shellfish poisoning | mins | few hr | Yersinia | 3 days | 7 days |