Alleged food poisoning
[1] Notification

What to do when there is suspicion of a food infection or food poisoning:

Remove the product, dish, or meal from sale for safety reasons. Immediately inform your team coach and fill out this form. Your team coach will handle the case further.

General information

Name location .....

Team coach .....

Adress .....

Zip code and place ....

Phone number .....

Date of notification .....

Details of the report

1. Which product, dish, or meal does the report apply to?

   .....

2. Which dishes or food items might also be involved based on the report? (Please specify what the reporter ate or drank on that particular day.)

   .....

3. How many suspected products were sold, and how many people have fallen ill?

   Number of products sold: ..... Number of ill individuals: .....

4. How much time passed between consuming the dishes and the onset of symptoms?

   .....

5. What are the symptoms of the illness?

   ◯ Stomach ache ◯ diarrhea ◯ vomiting ◯ fever ◯ nausea ◯ headache

   Otherwise: .....

6. Was there a tingling sensation in the mouth?

   .....

7. Are there any particulars? (e.g., weather conditions, specific group)

   .....

8. Which types of samples, and how many of them, need to be taken at the establishment?

   .....

9. What is the consumption date and time of the suspected products?

   .....

Alleged food poisoning
[2] Additional information

Additional information

10. Provide a complete description of the preparation method of the suspected products.

.....

.....

.....

11. Who are the involved suppliers?

.....

.....

.....

12. Method of delivery (internal and/or external) and storage method.

.....

.....

.....

13. Add the following standard attachments/questions to this report.

- ◯ Supplier inspection checklists (for the week of the report and the week prior).
- ◯ Temperature recording list for dishes (for the week of the report and the week prior).
- ◯ Temperature recording list for equipment (for the week of the report and the week prior).
- ◯ Supplier inspection checklists (for the week of the report and the week prior).
- ◯ Cleaning schedule sign-off sheets (for the week of the report and the week prior).
- ◯ Order lists for the relevant products.
- ◯ Any correspondence with the client, complainant, etc.

Other: .....

.....

Filled out by: .....

Date: .....