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| Part  | Description  |
|---|--|
| <b>Part I- General characterization of the outbreak and outbreak response</b>   | Complete this section for each outbreak, in consultation with the investigation team, at the end of the investigation.   |
| <b>Part II- Establishment characterization, categorization, and menu review</b> | Complete this section for each establishment linked with an outbreak. Complete this section after the establishment observation and manager interview are conducted, and sampling activities are complete.   |
| <b>Part III- Manager interview</b>  | Complete this section for each establishment linked with an outbreak. Conduct an establishment manager interview as soon as possible after the establishment is identified for an environmental assessment. Read all bold text aloud.  |
| <b>Part IV- Establishment observation</b>                                       | Complete this section for each establishment linked with an outbreak. Conduct an establishment observation as soon as possible after the establishment is identified for an environmental assessment. These questions are based on the observation of the establishment and the food handling practices <u>at the time of the initial environmental assessment</u> and <u>not</u> those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation. |
| <b>Part Va- Suspected/confirmed foods</b>                                       | Complete this section for each suspected/confirmed food.   |
| <b>Part Vb- Suspected/confirmed foods, ingredients</b>                          | Complete this section for each ingredient in the suspected/confirmed food(s).  |
| <b>Part VI- Positive samples</b>  | Complete this section for each <i>positive</i> sample.   |
| <b>Part VII- Contributing factors</b>   | Complete this section for each contributing factor identified in the outbreak.   |

Notes:

Throughout the data collection instrument, boxes (☐) mean that there could be multiple answers to the question, while circles (○) mean that there is only one answer to the question.

**Part I- General characterization of the outbreak and outbreak response:** Complete this form for each outbreak, in consultation with the investigation team, at the end of the investigation.

| Outbreak description   |   |
|--|---|
| 1. Did the exposure(s) take place in a single or multiple locations (ex: one restaurant or two or more restaurants, one restaurant or a restaurant and a school)?  | Single <input type="radio"/> Multiple   |
| 2. Did the exposure(s) occur in a single state or multiple states?   | Single <input type="radio"/> Multiple   |
| 3. Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes?  | Single <input type="radio"/> Multiple   |
| 4. How many food service establishment locations within your jurisdiction were associated with this outbreak?  | #:  |
| 5. How many environmental assessments were conducted at food service establishments in your jurisdiction as a part of this outbreak?   | #:  |
| 5a. If <u>no</u> environmental assessments were conducted: Why were no environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak?   |   |
|  |   |
| 6. How many non-food service establishments in your jurisdiction were associated with this outbreak?   | #:  |
| 6a. If non-food service establishments in your jurisdiction were associated with the outbreak: How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak? (Non-food service establishments include food distribution centers, warehouses, manufacturers, processing plants, or farms.)  | #:  |
|  |   |
| 7. Was a primary agent identified (suspected or confirmed) in this outbreak?<br>(Agents are considered confirmed if they are confirmed as determined by CDC guidelines: <a href="https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html">https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html</a> )  | Yes, confirmed<br>Yes, suspected<br>No  |
| 7a. If a primary agent was identified: What was the identified agent?  |   |
| Hepatitis A <input type="radio"/> <i>Salmonella</i><br><i>Bacillus cereus</i> <input type="radio"/> <i>Shigella</i><br><i>Campylobacter</i> <input type="radio"/> <i>Staphylococcus aureus</i><br><i>Clostridium perfringens</i> <input type="radio"/> <i>Vibrio parahaemolyticus</i><br><i>Cryptosporidium</i> <input type="radio"/> <i>Yersinia</i><br><i>Cyclospora</i> <input type="radio"/> Ciguatera toxin<br><i>E. coli</i> 0157:H7 <input type="radio"/> Scombrototoxin<br><i>E. coli</i> STEC/VTEC <input type="radio"/> Toxic agent, Describe: _<br><i>Listeria</i> <input type="radio"/> Chemical hazard, Describe: ____<br>Norovirus <input type="radio"/> Physical hazard, Describe: _____<br>Other, Describe: __ |   |
|  |   |
| 8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program?   | Yes <input type="radio"/> No  |
| 8a. If the outbreak was reported to a state or local program: Select the state or local surveillance program(s) where this outbreak was reported. (Check all that apply)   | State – outbreak reporting number assigned by the state:<br>_____<br>Local – outbreak reporting number assigned by the jurisdiction:<br>_____<br>Other, Describe: _____ |
|  |   |

|   |  |
|---|--|
| 9. Was this outbreak reported to a national surveillance system? Yes <input type="radio"/> No <input type="radio"/>   |  |
| 9a. If the outbreak was reported to a national program: Select the national surveillance program(s) where this outbreak was reported and record the corresponding reporting number. (Check all that apply)                    | NORS -STATEID: ____<br>NORS - CDCID: ____<br>PulseNet – outbreak code: ____<br><br><input type="checkbox"/> CaliciNet – outbreak number: ____<br><input type="checkbox"/> Other, Describe: ____  |
| <b>Suspected/confirmed food</b>   |  |
| 10. Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?   | Yes <i>Complete Parts Va and Vb, Suspected/Confirmed Foods</i><br>No   |
| 10a. If an ingredient/food was <u>not</u> suspected or confirmed: Explain why this outbreak was considered foodborne.   |  |
| 11. Provide any comments that would help describe the foods involved in this outbreak.  |  |
| <b>Contributing factors/other</b>   |  |
| 12. Were any contributing factors identified in this outbreak?  | Yes <i>Complete Part VII, Contributing Factors</i><br>No   |
| 13. What activities were conducted during the outbreak investigation to try to identify the contributing factors? (Check all that apply)  | <input type="checkbox"/> Routine inspection <input type="checkbox"/> Foodsampling<br><input type="checkbox"/> Interviews with <input type="checkbox"/> Clinical sampling establishment manager(s) <input type="checkbox"/><br><input type="checkbox"/> Epidemiologic investigation<br><input type="checkbox"/> Interviews with (case-control or cohort study)<br><input type="checkbox"/> establishment worker(s) <input type="checkbox"/> Interviews with cases (but not<br><input type="checkbox"/> Observation of general food      controls) preparation activities<br><input type="checkbox"/> during <input type="checkbox"/> Traceback establishment visit <input type="checkbox"/> Other, Describe:<br><input type="checkbox"/> Food preparation review<br><br><input type="checkbox"/> Assumed based on etiology<br><input type="checkbox"/> Environmental sampling |
| 14. Please rate the quality of communication between the food regulatory program and the communicable disease program during this outbreak investigation.   |  |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>Very poor      Poor      Fair      Good      Very good      There was no communication |  |

|   |   |
|---|---|
| <p><b>15. What were the environmental antecedent(s) of this outbreak? (Check all that apply)</b></p> <p>Lack of training of employees on specific processes <input type="checkbox"/> Poor facility layout</p> <p>Lack of oversight of employees/ enforcement of <input type="checkbox"/> Lack of sick leave or other financial incentives to policies adhere to good practices</p> <p>High turnover of employees or management <input type="checkbox"/> Lack of needed supplies for the operation of the restaurant</p> <p>Low/insufficient staffing <input type="checkbox"/> Insufficient process to mitigate the hazard safety <input type="checkbox"/></p> <p>Lack of a food safety culture/ attitude towards food <input type="checkbox"/> Employees or managers are not following the facility's process</p> <p>Language barrier between management and employees <input type="checkbox"/> Food not treated as TCS (may include non-TCS foods that have been contaminated) equipment for the processes) <input type="checkbox"/> Other, <i>Describe:</i></p> <p>Insufficient capacity of equipment (not enough equipment for the processes)</p> <p>Equipment is improperly used</p> <p>Lack of preventative maintenance on equipment</p> <p>Improperly sized or installed equipment for the facility</p> |   |
| <p><b>16. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).</b></p>  |   |
| <p><b>17. Were any control measures implemented for this outbreak?</b> Yes <input type="radio"/> No <input type="radio"/></p>   |   |
| <p><b>17a. If control measures were implemented, what were they? (Check all that apply)</b></p>   | <p>Re-trained or trained food <input type="checkbox"/> Changed operational practice worker(s)</p> <p><input type="checkbox"/> Repaired/replaced/removed</p> <p>Discarded food equipment</p> <p>Cleaned and sanitized/disinfected <input type="checkbox"/> Embargoed food products restaurant</p> <p><input type="checkbox"/> Public notification</p> <p>Closed restaurant <input type="checkbox"/> Other, <i>Describe:</i></p> <p>Excluded ill/infectious workers</p> |

**Part II- Establishment characterization, categorization, and menu review:** Complete this form after the establishment observation and manager interview are conducted, and sampling activities are complete.

|   |  |   |
|---|--|---|
| 1. Date the establishment was identified for an environmental assessment (MM/DD/YYYY):  |  |   |
| 2. Date of first contact with establishment management (MM/DD/YYYY):  |  |   |
| 3. Number of visits to the establishment to complete this environmental assessment:   |  | #: _____  |
| 4. Number of contacts with the establishment other than visits (ex: phone calls, phone interviews with staff, email) to complete this environmental assessment:   |  | #: _____  |
| 5. Facility type  | Camp<br>Caterer<br>Church<br>Correctional facility<br>Daycare center<br>Feeding site<br>Food cart<br>Grocery store<br>Hospital | Mobile food unit<br>Nursing home<br>Temporary food stand<br>Restaurant<br>Restaurant in a supermarket<br>School food service<br>Workplace cafeteria<br>Cottage/home-based food operation<br>Other, <i>Describe:</i> |
| 6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?   |  | #: _____  |
| 6a. <i>If critical violations were noted:</i> Mark any of the following observed during the last routine inspection.  |  |   |
| 1. Improper hot/cold holding temperatures of foods (TCS/PHF)  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 2. Improper cooking temperatures of food  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 3. Soiled and/or contaminated utensils and equipment  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 4. Poor employee health and hygiene   |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 5. Food from unsafe sources   |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 6. Other  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 7. Was a translator <b>needed</b> to communicate with the kitchen manager during the environmental assessment?  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 7a. <i>If a translator was needed:</i> Was a translator <b>used</b> to communicate with the kitchen manager?  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 8. Was a translator <b>needed</b> to communicate with the food workers during the environmental assessment?   |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 8a. <i>If a translator was needed:</i> Was a translator <b>used</b> to communicate with the food workers?   |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 9. Establishment type:<br>Prep-serve=all food items are prepared and served without a kill step.<br>Cook-serve=at least one food item is prepared for same day service and involves a kill step.<br>Complex=at least one food item requires a kill step and holding beyond same-day service or a kill step and some combination of holding, cooling, freezing, reheating. |  | Prep-Serve<br>Cook-Serve<br>Complex   |
| 10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?  |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?   |  | Yes <input type="radio"/> No <input type="radio"/>  |
| 11a. <i>If establishment serves raw or undercooked animal products:</i> Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on the menu, on a sign)?  |  | Yes <input type="radio"/> No <input type="radio"/>  |

|  |  |
|--|--|
| <b>11a1.</b> <i>If establishment serves raw or undercooked animal products and has an advisory: Where is the consumer advisory located? (Check all that apply)</i> | On the menu as a footnote<br>On the menu in the menu item description<br>On a sign<br>Other, <i>Describe:</i>  |
| <b>12.</b> Which one of these options best describes the menu for this establishment?  | American (non-ethnic) <input type="radio"/> French<br>Chinese <input type="radio"/> Italian<br>Thai <input type="radio"/> Mexican<br>Mediterranean/ Middle Eastern <input type="radio"/> Japanese<br>Other, <i>Describe:</i> |

**Samples**

|  |  |
|--|--|
| <b>13.</b> Were any samples taken in this establishment?   | Yes <i>If any samples were positive, complete Part VI, Positive samples</i><br>No  |
| <b>13a.</b> <i>If environmental samples were taken: Where were they taken? (Check all locations that apply and enter the number of samples taken at each location)</i> | Floor drain, #:____ <input type="checkbox"/> Inside any cooling unit (ex: walk-in, reach-in), #:_____<br>Food prep table, #:_____<br>Utensil (ex: tongs, pan), <input type="checkbox"/> Inside any heating unit #:____ #:____<br><input type="checkbox"/> Wall, ceiling, #:_____<br>Sink, #:_____<br><input type="checkbox"/> Floor (ex., floor, floor mat), #:_____<br>Slicer, #:_____<br><input type="checkbox"/> Other, #:_____<br><i>Describe:</i>   |
| <b>13b.</b> <i>If food samples were taken: What foods or ingredients were sampled? (Check all that apply and enter the number of samples taken of each food.)</i>      | The names given below should match the specific food name(s) given in Part V.<br>Specific food ingredient A, #:____<br>Name____<br>Specific food ingredient B, #:____<br>Name____<br>Specific food ingredient C, #:____<br>Name____<br>Specific food ingredient D, #:____<br>Name____<br>The names given below should match the multi-ingredient food name(s) given in Part V.<br>Multi-ingredient food A, #:____<br>Name____<br>Multi-ingredient food B, #:____<br>Name____<br>Multi-ingredient food C, #:____<br>Name____<br>Multi-ingredient food D, #:____<br>Name____ |

**Part III- Manager interview:** Conduct an establishment manager interview after an establishment has been identified for an environmental assessment. This form provides a semi-structured interview; you can probe for more information as needed. *Read bold text aloud.* Do not read answer choices aloud unless they are bolded. Do not read the *Unsure* or *Refused* answer choices.

How long was the interview(s)? *Number of minutes:* \_\_\_\_\_  
Date the manager interview was initiated (MM/DD/YYYY):  / /

**READ ALOUD:** I'd like to ask you some questions about this establishment. Please be as open and honest as possible. The first few questions focus on the establishment in general. For these questions, please make your best estimate if you do not know the exact answer.

**Is this an independent establishment or a chain establishment?**

Independent  Unsure

Chain  Refused

**Approximately how many meals are served here daily? Meals can be estimated using number of customers served or ticket orders.**  # \_\_\_\_\_  Unsure  Refused

**What is the establishment's busiest day, in terms of number of meals served?**

|           |          |         |
|-----------|----------|---------|
| Monday    | Friday   | Unsure  |
| Tuesday   | Saturday | Refused |
| Wednesday | Sunday   |         |
| Thursday  |          |         |

**Are any foods prepared or partially prepared at a commissary or other location?**

Yes  Unsure

No  Refused

**Other than daily specials, when was the last time food items were added to your menu(s)?**

|  |                       |
|--|-----------------------|
| No changes to menu items have occurred | More than a month ago |
| In the last WEEK                       | Unsure                |
| In the last MONTH                      | Refused               |

**READ ALOUD:** The next few questions focus on kitchen managers. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house.

**Approximately how long have you been employed as a kitchen manager in this establishment?**

Length: \_\_\_\_\_  Unsure  Refused

**Approximately how long have you worked as a kitchen manager?**

Length: \_\_\_\_\_  Unsure  Refused

**How many kitchen managers, including you, are currently employed in this establishment? If you aren't sure, use your best guess.**

Number of kitchen managers: \_\_\_  Unsure  Refused

**READ ALOUD:** The next few questions focus on the language-related knowledge and skills of all kitchen managers in your establishment. Please think about your language abilities and those of other kitchen managers in this establishment.

**For these questions, fluent means able to clearly, easily, and readily understand and communicate verbal messages in the language specified. If a manager is bilingual or trilingual please tell me all languages he or she speaks fluently. For these questions, please make your best estimate if you do not know the exact answer.**

**What languages do you and other managers in this establishment speak fluently? (Check all that apply)**

- English
- Spanish
- French
- Chinese (any dialect)
- Japanese
- Other (Please describe): \_\_\_\_\_

**What languages do you and other managers speak at work? (Check all that apply)**

- English
- Spanish
- French
- Chinese (any dialect)
- Japanese
- Other (Please describe): \_\_\_\_\_

**READ ALOUD: The next few questions ask about kitchen manager food safety training and certification.**

**Do any kitchen managers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.**

- Yes  Unsure *Skip to next Read Aloud*  
No *Skip to next Read Aloud*  Refused *Skip to next Read Aloud*

13a. How many kitchen managers have had food safety training? If you aren't sure, use your best guess.

- Number of managers: \_\_\_\_\_  Unsure  
Refused

13b. What type of food safety training do kitchen managers (you) receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)

on-the-job training. (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)

a class or course taken at a university, community college, culinary school or other educational institution.

(Any training conducted by a university, community college, culinary school, health department or similar entity.)

a class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, and AboveTraining/StateFoodSafety.com.

**READ ALOUD: The next few questions ask about kitchen manager food safety certification, where you receive a certificate upon completion of the training course.**

**Are any kitchen managers, including you, food safety certified?**

- Yes  Unsure *Skip to #15*  
No *Skip to #15*  Refused *Skip to #15*

14a. How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI accredited program? These include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, and AboveTraining/ StateFoodSafety.com. If you aren't sure, use your best guess.

- Number of managers: \_\_\_\_\_  Unsure  Refused

14b. How often is a certified kitchen manager present during hours of operation? Is it all of the time, most of the time, some of the time, rarely, or none of the time?

- All of the time  Most of the time  Some of the time  Rarely  None of the time  
Unsure  Refused

**Does this establishment require that kitchen managers have a food safety certification?**

- Yes  Unsure  
No  Refused



**READ ALOUD:** The next set of questions focuses on food workers, and by food workers I mean employees, excluding managers, who work in the kitchen. This does not include staff who have no food handling responsibilities or who have very limited food contact such as adding garnish or condiments to a plate.

**How many food workers do you have? If you do not know the exact number, an estimate will be fine.**

Number of food workers: \_\_\_\_\_ *If 0, skip to the Read Aloud before #17*

Unsure *Skip to the Read Aloud before #17* ○ Refused *Skip to the Read Aloud before #17*

**16a. What language) do food workers in this establishment speak fluently? (Check all that apply)**

- English                       Chinese (any dialect)  
 Spanish                       Japanese  
 French                       Other (Please describe): \_\_\_\_\_

**16b. What languages do food workers speak at work? (Check all that apply)**

- English                       Chinese (any dialect)  
 Spanish                       Japanese  
 French                       Other (Please describe): \_\_\_\_\_

**READ ALOUD:** The next few questions focus on food safety training and certification among food workers, excluding managers.

**16c. Do any food workers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.**

Yes    ○ Unsure    *Skip to next Read Aloud*

No    *Skip to next Read Aloud* ○ Refused    *Skip to next Read Aloud*

**16c1. How many food workers have had food safety training? Please make your best estimate if you do not know the exact number.**

Number of food workers with training: \_\_\_\_\_

Unsure ○ Refused

**16c2. What type of food safety training do food workers receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)** on-the-job training. (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)

a class or course taken at a university, community college, culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)

a class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, and AboveTraining/StateFoodSafety.com.

**READ ALOUD:** Now I'm going to ask you some questions about policies you have in this establishment. Food safety policies can be verbal and part of on-the-job or other type of training or they may be written documents that state the policy.

Does this establishment have a cleaning policy or schedule for:

|   |     |                          |                              |                               |                          |
|---|-----|--------------------------|------------------------------|-------------------------------|--------------------------|
| 17a. cutting boards?  | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused | <input type="radio"/> NA |
| 17b. food slicers?  | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused | <input type="radio"/> NA |
| 17c. food preparation tables?   | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused | <input type="radio"/> NA |
| 17d. frequently touched customer surfaces like menus, tables, and condiments? | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused | <input type="radio"/> NA |

If all of the answers to 17a-17d are No, skip to #18.

17e. If they have any of these policies: Are any of these policies written?

Yes  Unsure *Skip to #18*

No *Skip to #18*  Refused *Skip to #18*

17e1. Which ones? (Check all that apply)

Cutting boards  Food preparation tables

Food slicers  Frequently touched customer surfaces

Does this establishment have a policy for disposable glove use?

Yes  Unsure *Skip to next Read Aloud*

No *Skip to next Read Aloud*  Refused *Skip to next Read Aloud*

18a. If there is a glove use policy: Does the glove policy require that food workers wear gloves:

|  |     |                          |                              |  |
|--|-----|--------------------------|------------------------------|--|
| 18a1. when they have cuts or other injuries?     | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused                          |
| 18a2. when handling ready-to-eat foods?          | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused <input type="radio"/> NA |
| 18a3. when handling raw meat or poultry?         | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused <input type="radio"/> NA |
| 18a4. at all times while working in the kitchen? | Yes | <input type="radio"/> No | <input type="radio"/> Unsure | <input type="radio"/> Refused                          |

18b. If there is a glove use policy: Is the policy written?

Yes  Unsure

No  Refused

Does this establishment have a policy for cleaning up after someone has vomited or had diarrhea in the establishment?

Yes  Unsure *Skip to #20*

No *Skip to #20*  Refused *Skip to #20*

19a. Is this policy written?

Yes  Unsure

No  Refused

**READ ALOUD:** The next few questions refer to actual food temperatures, not the ambient temperatures where food is stored. The questions refer to temperatures taken using a thermometer.

Does this establishment have a policy to take the temperature of any incoming food products?

Yes  Unsure

No  Refused

Excluding incoming products, does this establishment have a policy to take food temperatures?

Yes  Unsure

No  Refused

**READ ALOUD:** Now I'd like to ask you a few questions about worker health policies. Again, I am asking about policies that apply to staff who primarily work with food—not staff who have no or very limited food handling responsibilities.

**When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?**

- Yes  Unsure  
No  Refused

**Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?**

- Yes                      Unsure                      Skip to #24  
No      Skip to #24      Refused                      Skip to #24

**23a. Is this policy in writing?**

- Yes  Unsure  
No  Refused

**23b. Does this policy require ill workers to tell managers what their symptoms are?**

- Yes  Unsure  
No  Refused

**23c. Does this policy specify certain symptoms that ill workers are required to tell managers about?**

- Yes                      Unsure                      Skip to #24  
No Skip to #24                      Refused                      Skip to #24

**23c1. What are those symptoms? (Check all that apply)**

- Vomiting     Sore throat with fever  
 Diarrhea     A lesion containing pus (ex: boil or infected wound)  
 Jaundice (yellow eyes or skin)       Other (Please describe): \_\_\_\_\_

**Does this establishment have a policy or procedure to restrict or exclude ill workers from working? By restrict I mean the worker can work, but is not allowed to handle food, and by exclude I mean the worker does not work at all.**

- Yes  Unsure      Skip to next Read Aloud  
No      Skip to next Read Aloud  Refused      Skip to next Read Aloud

**24a. Is this policy in writing?**

- Yes  Unsure  
No  Refused

**24b. Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working?**

- Yes  Unsure      Skip to next Read Aloud  
No      Skip to next Read Aloud  Refused      Skip to next Read Aloud

**24b1. What are those symptoms? (Check all that apply)**

- Vomiting     Sore throat with fever  
 Diarrhea     A lesion containing pus (ex: boil or infected wound)  
 Jaundice (yellow eyes or skin)       Other (Please describe): \_\_\_\_\_

**READ ALOUD:** The next few questions focus on the food worker and manager sick leave policy. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house and food workers that work in the kitchen.

**Do any kitchen managers (including you) ever get paid when they miss work because they are ill?**

Yes  Unsure *Skip to #26*

No *Skip to #26*  Refused *Skip to #26*

25a. How many kitchen managers get paid when they miss work because they are ill? Please make your best estimate if you do not know the exact number.

Number of managers: \_\_\_\_\_

Unsure  Refused

**Do any food workers ever get paid when work is missed because they are ill?**

Yes Unsure *Skip to #27*

No *Skip to #27*  Refused *Skip to #27*

26a. How many food workers get paid when they miss work because they are ill? Please make your best estimate if you do not know the exact number.

Number of workers: \_\_\_\_\_

Unsure  
Refused

**Have any practices or policies changed since you were first notified about a potential problem in your restaurant?**

Yes Unsure *End interview* Not applicable *End interview*

No *End interview* Refused *End interview*

27a. What were those changes?

READ ALOUD: Thank you very much.

**Part IV- Establishment observation:** Conduct an establishment observation as soon as possible after an establishment is identified for an environmental assessment. These questions are based on the initial observation of the establishment and the food handling practices at the time of the initial environmental assessment and NOT those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation. Please answer the following questions by observation. If a question is not relevant to the establishment's operation, select 'Not applicable' (N/A).

|  |  |
|--|--|
| 1. How long was the observation(s)?  | Number of minutes:   |
| 2. Date observations were initiated (MM/DD/YYYY):  |  |
| 3. How many hand sinks are in or adjacent to the employee restrooms?   | Number of sinks:   |
| 3a. <i>If there is at least one hand sink in the employee restrooms:</i> Is warm water (minimum 100°F) available at all employee restroom hand sinks?                                      | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 3b. <i>If there is at least one hand sink in the employee restrooms:</i> Is soap available at (or near) all employee restroom hand sinks?  | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 3c. <i>If there is at least one hand sink in the employee restrooms:</i> Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks? | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 4. How many hand sinks are located in the work area?   | Number of sinks:   |
| 4a. <i>If there is at least one hand sink in the work area:</i> Is warm water (minimum 100°F) available at all hand sinks in the work area?  | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 4b. <i>If there is at least one hand sink in the work area:</i> Is soap available at (or near) all hand sinks in the work area?  | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 4c. <i>If there is at least one hand sink in the work area:</i> Are paper or cloth drying towels or electric hand dryers available at (or near) all hand sinks in the work area?           | Yes <input type="radio"/> No <input type="radio"/> <i>If no:</i> How many without:   |
| 5. Are food workers observed washing their hands using water, soap, appropriate drying methods, and for the appropriate amount of time?  | Yes      No  |
| 6. How many cold storage units are in the establishment?   | Number of units:<br>N/A  |
| 6a. <i>If there is at least one cold storage unit:</i> Which types of units do you observe? ( <i>Check all that apply</i> )  | Reach-in <input type="checkbox"/> Self-serve/Salad bar<br>Walk-in <input type="checkbox"/> Open-top units<br>Other, <i>Describe:</i>   |
| 7. Are any foods observed in cold holding?   | Yes      No      N/A   |
| 7a. <i>If cold holding is observed:</i> Are the temperatures of all foods measured in cold holding at 41°F or below?   | Yes      No  |
| 8. Which of the following practices, if any, are observed during this visit? ( <i>Check all that apply</i> )   | Bare hands touch non-RTE food<br>Bare hands touch RTE food<br>Gloved hands touch non-RTE food<br>Gloved hands touch RTE food<br>Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil)<br>No food handling was occurring |
| 9. Is there a supply of disposable gloves available in the establishment?  | Yes      No  |
| 10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded?  | Yes      No      N/A   |

|  |   |    |              |
|--|---|----|--------------|
| <b>11.</b> Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded?                             | Yes   | No | N/A          |
| <b>12.</b> Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods?   | Yes   | No | N/A          |
| <b>12a.</b> <i>If there is evidence of cross contamination:</i><br>Describe:   |   |    |              |
| <b>13.</b> Is there any evidence of cooling of hot foods observed in this establishment?   | Yes   | No | N/A          |
| <b>13a.</b> <i>If there is cooling of hot foods:</i> What cooling method(s) are used? ( <i>Check all that apply</i> )  | Portioning into smaller pans and cooled in regular cooler<br>Portioning into smaller pans and cooled in blast chiller<br>Using ice as an ingredient<br>Using ice bath for food container before cooling in regular cooler<br>Using ice bath for food container before cooling in blast chiller<br>Using ice wands before cooling in regular cooler<br>Using ice wands before cooling in blast chiller<br>Other, <i>Describe</i> : |    |              |
| <b>13b.</b> <i>If there is cooling of hot foods:</i> Are the cooling methods properly implemented?   | Yes   | No | Undetermined |
| <b>14.</b> Are any foods observed in hot holding?  | Yes   | No | N/A          |
| <b>14a.</b> <i>If there are foods in hot holding:</i> Are the temperatures of all foods measured in hot holding at 135°F or above?                                 | Yes   | No |              |
| <b>15.</b> Are any foods observed during cooking?  | Yes   | No | N/A          |
| <b>15a.</b> <i>If there are foods cooking:</i> Are the temperatures of all foods measured during cooking at or above the recommended temperatures?                 | Yes   | No |              |
| <b>16.</b> Are there any thermometers observed in food preparation areas to measure internal food temperatures?  | Yes   | No | N/A          |
| <b>16a.</b> <i>If there are thermometers observed:</i> Are any thermometers observed being used?   | Yes   | No |              |
| <b>17.</b> Are any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? ( <i>Check all that apply</i> )               | None of these items were present<br>Wiping cloths<br>Sanitizer buckets<br>Disposable sanitizer wipes<br>Spray bottle<br>Other, <i>Describe</i> :  |    |              |
| <b>17a.</b> <i>If wiping cloths are present:</i> Are all wet wiping cloths stored in sanitizer solution between uses?  | Yes   | No | Not in use   |
| <b>17b.</b> <i>If sanitizer buckets or bottles are present:</i> Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in the proper range? | Yes   | No | Not in use   |

|   |  |
|---|--|
| <p><b>18.</b> Which of the following methods does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place?<br/>(Check all that apply)</p> | <p>Mechanical washing machines<br/>Manual washing<br/>Other, describe:</p>   |
| <p><b>18a.</b> If there is a mechanical washer: Does the wash cycle reach the temperatures recommended for the mechanical washing machine?</p>  | <p>Yes    <input type="radio"/> No    <input type="radio"/> Mechanical washing not occurring</p>   |
| <p><b>18b.</b> If there is a mechanical washer: How is sanitization achieved?<br/>(Check all that apply)</p>  | <p><input type="checkbox"/> Heat <input type="checkbox"/> Chemical</p>   |
| <p><b>18b1.</b> If heat used to sanitize: Does the sanitizing cycle reach the temperatures recommended for sanitization?</p>  | <p>Yes    <input type="radio"/> No    <input type="radio"/> Out of order<br/>Mechanical washing not occurring</p>  |
| <p><b>18b2.</b> If chemical used to sanitize: Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?</p>                        | <p>Yes    <input type="radio"/> No    <input type="radio"/> Out of order<br/>Mechanical washing not occurring</p>  |
| <p><b>18c.</b> If there is manual washing: What type of sink is used for manual washing? (Check all that apply)</p>   | <p>3-compartment<br/>2-compartment<br/>Other, Describe:</p>  |
| <p><b>18d.</b> If there is manual washing: Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly? (Check all that apply)</p>                 | <p>Yes<br/>No, steps not in proper order<br/>No, did not wash properly<br/>No, did not rinse<br/>No, did not sanitize properly<br/>No, did not air dry<br/>No, Other, Describe:<br/>Manual washing not occurring</p> |
| <p><b>19.</b> Are any signs and instructions posted in the establishment?</p>   | <p>Yes    <input type="radio"/> No</p>   |
| <p><b>19a.</b> If yes: Do any use pictures or symbols to communicate a message?</p>   | <p>Yes    <input type="radio"/> No</p>   |
| <p><b>19b.</b> If yes: What languages do you observe on signs or instructions posted for food workers? (Check all that apply)</p>   | <p>English <input type="checkbox"/> Chinese (any dialect)<br/>Spanish                    <input type="checkbox"/> Japanese<br/>French <input type="checkbox"/> No written words<br/>Other, Describe:</p>             |

|   |   |
|---|---|
| <p><b>20.</b> Do you observe any of these items for responding to vomit and/or diarrheal incidents? <i>(Check all that apply)</i></p>   | <p>Bleach<br/> Disinfectant effective against norovirus surrogate<br/> Personal protective equipment (ex: gloves or goggles/glasses or mask)<br/> Absorbent powder/solidifier<br/> Directions for vomit/diarrhea cleanup<br/> Other, <i>Describe</i>:<br/> None of these items were present</p> |
| <p><b>20a.</b> <i>If any of these are observed:</i> Are any of these things located together (ex: in a kit)?</p>  | <p>Yes    <input type="radio"/> No</p>  |
| <p><b>21.</b> Are there any differences in the physical facility, food handling practices you observed on your initial visit, and/or other circumstances that were different at the time of exposure?</p>   | <p>Yes    <input type="radio"/> No</p>  |
| <p><b>21a.</b> <i>If there are differences:</i> Describe:</p>   |   |
| <p><b>22.</b> Record any additional comments. These could include a brief description of specific circumstances during or right before the time of the exposures that are believed to have played a significant exposure role. For example, it may have been determined that the establishment operated with no hot water, walk-in cooler units failed, the kitchen manager was on vacation and normal policies or procedures were not followed in their absence, the establishment was out of single use gloves, or a large number of food workers did not show up for work.</p>   |   |
| <p><b><u>Review of Policies</u></b><br/> Is a certified kitchen manager present at the time of data collection? <i>(Check all that apply)</i><br/> Yes, ANSI certification    <input type="checkbox"/> Yes, other certification    <input type="checkbox"/> Yes, certification is not available<br/> No    <input type="checkbox"/> Unsure    <input type="checkbox"/> Certification is not current<br/> No, but establishment has certified kitchen manager on staff<br/> Does the <u>written</u> employee health policy or procedure: <i>(Check all that apply)</i><br/> Require food workers to tell a manager when they are ill?<br/> Require ill workers to tell managers what their symptoms are?<br/> Specify certain symptoms that ill workers are required to tell managers about? <i>(Check all that apply)</i><br/> Vomiting    <input type="checkbox"/> Sore throat with fever<br/> Diarrhea    <input type="checkbox"/> A lesion containing pus (ex: boil or infected wound)<br/> Jaundice (yellow eyes or skin)    <input type="checkbox"/> Other, <i>Describe</i>:<br/> Apply to kitchen managers?<br/> Apply to food workers?<br/> Restrict ill workers from working?<br/> Exclude ill workers from working?<br/> Include a record to track employee illness (ex: on schedule or log)?<br/> No written policy<br/> <input type="checkbox"/> Employee health policy not in use</p> |   |



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**Part Va- Suspected/confirmed foods:** Complete this section for each suspected/confirmed food.

|   |   |
|---|---|
| <b>Suspected/confirmed food #</b>   | #:  |
| 1. What is the name of the suspected or confirmed ingredient/food vehicle? <i>Note: Name should match Part I, #10.</i>  |   |
| 2. Is this food a single specific ingredient or multi-ingredient?   | Single specific ingredient food (ex: ground beef)<br>Multi-ingredient food (ex: hamburger sandwich)   |
| 3. Select the reason that best describes how this single specific ingredient or multi-ingredient food was implicated in the outbreak. <i>(Check all that apply)</i>   | <p>Outbreak agent was not identified in clinical or environmental samples, but the ingredient/food has historically been associated with the suspected agent based on clinical information (ex: ill persons' symptoms suggest a particular agent and the ingredient is commonly associated with that agent, ex: histamine reaction and fish suggest scombroid poisoning)</p> <p>Ingredient/food was epidemiologically linked with cases (<b>not</b> statistically significant).</p> <p>Ingredient/food was epidemiologically linked with cases (statistically significant).</p> <p>Agent was confirmed in samples of an epidemiologically linked food.</p> <p>Agent was confirmed in clinical samples.</p> <p>Isolates from clinical and food samples <u>closely related or identical</u> by molecular typing.</p> <p>Other, <i>Describe:</i></p> |
| 4. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption?  | <p><b>Prep-Serve:</b> NO kill step; may include heating commercially prepared foods for service.</p> <p><b>Cook-Serve:</b> Kill step; may be followed by hot holding but is prepared for same-day service.</p> <p><b>Complex 1:</b> Kill step, followed by holding beyond same-day service.</p> <p><b>Complex 2:</b> Kill step, followed by holding and cooling.</p> <p><b>Complex 3:</b> Kill step, followed by holding, cooling, and reheating.</p> <p><b>Complex 4:</b> Kill step, followed by holding, cooling, freezing, and reheating.</p>  |
| 5. During the likely time the ingredient/food was prepared, were any events noted that appeared to be different from the ordinary operating circumstances or procedures, as described by managers and/or workers? | Yes <input type="radio"/> No  |
| 5a. <i>If events appeared to be different from ordinary circumstances:</i> How would those events best be characterized? <i>(Check all that apply)</i>  | <p>Differences with:</p> <p>Ingredient(s) used (ex: different source or form, a substitution)    <input type="checkbox"/> Equipment used to store or hold the food</p> <p>How ingredient(s) were handled    <input type="checkbox"/> Equipment used to clean/sanitize food contact surfaces</p> <p>Method of preparation, cooking, and/or serving food holding, serving the food    <input type="checkbox"/> III employees</p> <p>Equipment used to handle the food    <input type="checkbox"/> III family members</p> <p>Equipment used to cook the food    <input type="checkbox"/> Other, <i>Describe:</i></p>   |

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**Part Vb- Suspected/confirmed food ingredients:** Complete this section for EACH ingredient in the suspected/confirmed food(s).

|   |  |   |  |
|---|--|---|--|
| 1. Name of ingredient   |  |   |  |
| 2. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: |  |   |  |
| 3. Did any of the following intend for the food to be consumed <u>raw or undercooked</u> ?<br>(Check all that apply)  |  | <input type="checkbox"/> Manufacturer/Processor<br>N/A <input type="radio"/> Unknown  | <input type="checkbox"/> Establishment <input type="checkbox"/> Customer   |
| 4. If ingredient is:  |  |   |  |
| a. Poultry, Select the type:  | Chicken<br>Turkey  | Goose<br>Duck   | Other (ex: emu), Describe:   |
| b. Seafood, Select the type:  | Fin fish (ex: trout, cod)<br>Shellfish (ex: oysters)   | Crustaceans (ex: shrimp)<br>Marine mammals (ex: dolphins)   | Other seafood, Describe:   |
| c. Beef, pork, lamb, other meat, Select the type:   | Beef<br>Pork   | Lamb<br>Miscellaneous meat (ex: goat, rabbit), Describe:  |  |
| d. Poultry, seafood, beef, pork, lamb, other meat, Select the best description of the product upon arrival at the food service establishment:                             | Raw, nonfrozen<br>Raw, frozen<br>Raw, intended for raw service (ex: oysters, steak tartare)  | Commercially processed precooked, may require heating for palatability (ex: deli meat, hot dogs, fully cooked frozen fish heated for service)<br>Commercially processed, further cooking required (ex: chicken nuggets that require full cooking) | Dried/Smoked<br>Other, Describe:   |
| e. Dairy, Select the best description of the product upon arrival at the food service establishment:  | Pasteurized fluid milk<br>Unpasteurized fluid milk   | Pasteurized dairy product, Describe:<br>Unpasteurized dairy product, Describe:  | Cheese, Describe:  |
| f. Eggs, Select the best description of the product upon arrival at the food service establishment:   | Pasteurized in-shell eggs<br>Describe the egg ingredient:  | Pasteurized egg product   | Unpasteurized egg product  |
| g. If ingredient is a plant or plant product, Select the type:  | Fruit (ex: apples, berries, citrus) <input type="radio"/><br>Fungi (ex: mushrooms) <input type="radio"/><br>Grains/Cereals (ex: rice, wheat, oats) <input type="radio"/><br>Describe the plant ingredient: | Nuts/Seeds (ex: pecans, sesame seeds) bread, pasta) <input type="radio"/>   | Grains/Cereal products (ex: <input type="radio"/>  |
| h. If ingredient is produce, Select the type:   | Greens (ex: romaine, spinach) <input type="radio"/><br>Sprouts (ex: alfalfa) <input type="radio"/><br>Describe the produce ingredient:   | Root vegetable (ex: potatoes, garlic) <input type="radio"/>   | Vine or above ground vegetable (ex: asparagus, black beans) <input type="radio"/>  |
| i. If ingredient is a plant or plant product, Select the best description of the plant product upon arrival at the food service establishment:                            | Raw, whole, nonfrozen <input type="radio"/><br>Raw, frozen (ex: frozen corn) <input type="radio"/>   | Commercially processed fresh product <input type="radio"/><br>Dried <input type="radio"/>   | Commercially processed - canned (ex: green beans) (ex: bagged lettuce) <input type="radio"/><br>Other, Describe: <input type="radio"/> |
| j. If ingredient is not described in the previous categories, Describe the ingredient:  |  |   |  |

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**Part VI- Positive samples:** Complete this section for each positive sample.

|  |   |  |   |                                     |
|--|---|--|---|-------------------------------------|
| Positive sample #:   | Date sample was collected (DD/MM/YYYY):   |  |   |                                     |
| 1. Describe the agent(s) found in the sample:  | <b>a. Agent (Check all that apply)</b>  |  | <b>b. Serotype, if identified</b>   | <b>c. Matched a clinical sample</b> |
|  | <input type="checkbox"/> Hepatitis A  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Bacillus cereus</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Campylobacter</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Clostridium perfringens</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Cryptosporidium</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Cyclospora</i>  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>E. coli</i> 0157:H7   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>E. coli</i> STEC/VTEC   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Listeria</i>  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> Norovirus  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Salmonella</i>  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Shigella</i>  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Staphylococcus aureus</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Vibrio parahaemolyticus</i>   |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Yersinia</i>  |  |   | Yes <input type="radio"/> No        |
|  | <input type="checkbox"/> <i>Ciguatera toxin</i>   |  |   | Yes <input type="radio"/> No        |
| <input type="checkbox"/> <i>Scombrototoxin</i>   |   |  | Yes <input type="radio"/> No  |                                     |
| <input type="checkbox"/> Toxic agent, <i>Describe:</i>   |   |  | Yes <input type="radio"/> No  |                                     |
| <input type="checkbox"/> Chemical hazard, <i>Describe:</i>   |   |  | Yes <input type="radio"/> No  |                                     |
| <input type="checkbox"/> Physical hazard, <i>Describe:</i>   |   |  | Yes <input type="radio"/> No  |                                     |
| <input type="checkbox"/> Other, <i>Describe:</i>   |   |  | Yes <input type="radio"/> No  |                                     |
| 2. Where was the sample taken?   | Floor drain<br>Food prep table<br>Utensil (ex: tongs, pan)<br>Sink<br>The name given below should match the specific food name given in Part Va.<br>Specific food ingredient, <i>Describe:</i><br>The name given below should match the multi-ingredient food name given in Part Vb.<br>Multi-ingredient food, <i>Describe:</i> | Slicer<br>Inside any cooling unit (ex: walk-in, reach-in)<br>Inside any heating unit<br>d match the specific food name given in Part Va.<br><i>Describe:</i><br>d match the multi-ingredient food name given in Part Vb.<br><i>Describe:</i> | Wall, ceiling<br>Floor (ex: floor itself, floor mat)<br>Other, <i>Describe:</i> |                                     |
| 3. Provide any other information about the specific sample. (ex: presence/absence, detect/non-detect, and results with a value (pH, X ppm, X cfu/g)) |   |  |   |                                     |

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**Part VII- Contributing factors:** Complete this section for each identified contributing factor in this outbreak. Contributing factors are defined in the Definitions of Factors Contributing to Outbreaks section of the *NEARS Instruction Manual*.

| Contributing factor #   | #:   |
|---|--|
| <p>1. Which contributing factor was identified?</p>                                     | <p> <input type="radio"/> C1   <input type="radio"/> P1   <input type="radio"/> S1<br/> <input type="radio"/> C2   <input type="radio"/> P2   <input type="radio"/> S2<br/> <input type="radio"/> C3   <input type="radio"/> P3   <input type="radio"/> S3<br/> <input type="radio"/> C4   <input type="radio"/> P4   <input type="radio"/> S4<br/>           C5   <input type="radio"/> P5   <input type="radio"/> S5 <i>Other, Describe:</i><br/> <input type="radio"/> C6   <input type="radio"/> P6<br/> <input type="radio"/> C7   <input type="radio"/> P8<br/> <input type="radio"/> C8   <input type="radio"/> P9<br/> <input type="radio"/> C9   <input type="radio"/> P10<br/> <input type="radio"/> C10   <input type="radio"/> P11<br/>           C11   <input type="radio"/> P12 <i>Other, Describe:</i><br/>           C12<br/>           C13<br/>           C14<br/>           C15 <i>Other, Describe:</i> </p> |
| <p>2. In your judgment, was this the primary contributing factor for this outbreak?</p> | <p>Yes   <input type="radio"/> No</p>  |
| <p>3. Briefly explain why this is a contributing factor in this outbreak.</p>           |  |
| <p>4. When did this factor most likely occur?</p>                                       | <p>           Before vehicle entry into the food service establishment<br/>           While the vehicle was at the food service establishment<br/>           After the vehicle left the food service establishment<br/>           Unknown         </p>   |