

Washington State Department of Health
Foodborne Illness Investigation Form Part II – Field Investigation



Please Print		Jurisdiction:	Local Health Case #:	Dept of Health ID #:								
Field Investigator Name:												
Facility Name and Address:		Notification (Check all apply)	<input type="checkbox"/> Surveillance <input type="checkbox"/> Customer Complaint <input type="checkbox"/> FE called LHJ <input type="checkbox"/> Other:									
Suspected Food or Meal Consumed		Field Investigation		Days Elapsed:								
Date:	Time:	Date:	Time:									
Indicate Meal: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack <input type="checkbox"/> Other:			Check day of week meal was consumed: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN									
Investigated the FE at a similar time as when the meal was prepared or served? Yes No		<i>Note: The Department of Health should be notified during all foodborne outbreak investigations and reporting.</i>										
Communication during investigation (Circle all contacted):		Helena	Janet	Joe	Larry	CD-Epi (State)	CD-Epi (LHJ)	None				
Suspected Agent or Category (Based on Epi information)	<input type="checkbox"/> Viral		<input type="checkbox"/> Bacterial infection		<input type="checkbox"/> Bacterial toxin		<input type="checkbox"/> Chemical		<input type="checkbox"/> Parasites			
	<input type="checkbox"/> Scombroid/Histamine toxin				<input type="checkbox"/> Shellfish toxin				<input type="checkbox"/> Vibrio parahaemolyticus			
	<input type="checkbox"/> Unknown				<input type="checkbox"/> Other:							
	Lab Confirmed? Yes No		<i>If Yes, Lab Confirmed Agent:</i>				<i>If No, Suspected Agent:</i>					
# Ill:	Incubation:	Duration:		Symptoms:								
Corresponding Field Focus for Suspected Agent		List all that apply to this investigation : Use "Field Checklist" to find corresponding Field Focus. (Example: BHC, HW, Ill FW)										
Suspected Foods		<input type="checkbox"/> Single Food; Single Ingredient (Example: Cantaloupe)		<input type="checkbox"/> Single Food; Multiple Ingredients (Example: Sandwich, Salad)		<input type="checkbox"/> Multiple Foods (Example: Buffet Items, multiple Mexican foods)		<input type="checkbox"/> Unknown Food Vehicle				
List the Suspected Foods below. Include the prep date and time for each. Check only one box to the right. →												
1						Prep Date:		Prep Time:				
2						Prep Date:		Prep Time:				
3						Prep Date:		Prep Time:				
Flow Chart and Evidence		Before drawing the Flow Chart, review the instructions and example in the Instruction Guide. Include all Risk Factors for each prep step and circle where evidence supports a Contributing Factor.										
Did you identify the Risk Factors in the Flow Chart? (Example: CH, Cooling, RH)		Yes				No						
Did you identify where evidence supports Contributing Factors by circling them in the Flow Chart?		Yes				No						
Are there temperature logs for any prep steps? (Example: Cooking, HH, CH)		Yes (Attach logs)				No						

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Field Investigation Findings – Identify Contributing Factors and Evidence based on the Flow Chart. (Refer to page 1.)

Mark all Contributing Factors found and circle the corresponding code. Check all Evidence found in each category.

Temperature Control	<input type="checkbox"/> Cooking S1 <input type="checkbox"/> Cooling P8 <input type="checkbox"/> Reheating S2 <input type="checkbox"/> Hot Holding P7 <input type="checkbox"/> Cold Holding P5 <input type="checkbox"/> Prolonged Cold Holding P9 <input type="checkbox"/> Temp Control Equipment P4, P6 <input type="checkbox"/> Room Temp Storage P1, P2, P3 <input type="checkbox"/> Thermometers P12, S5 <input type="checkbox"/> Other P10, P11, P12, S3, S5				
Yes No ↓	Evidence based on: <input type="checkbox"/> Observation <input type="checkbox"/> Records <input type="checkbox"/> Discussion <input type="checkbox"/> Past History <input type="checkbox"/> Case Information				
People	<input type="checkbox"/> Ill FW with BHC C10 <input type="checkbox"/> Ill FW with Gloves C11 <input type="checkbox"/> BHC w/ No Ill FW Identified C10 <input type="checkbox"/> FW Inadequate HW C15 <input type="checkbox"/> Inadequate HW Facilities C15 <input type="checkbox"/> Other C12, C13, C15				
Yes No ↓	Evidence based on: <input type="checkbox"/> Observation <input type="checkbox"/> Records <input type="checkbox"/> Discussion <input type="checkbox"/> Past History <input type="checkbox"/> Case Information				
Food workers interviewed by: <input type="checkbox"/> LHJ <input type="checkbox"/> PIC <input type="checkbox"/> N/A <input type="checkbox"/> Other:					
Food worker possible source of illness? Yes No			Number of ill or infected food workers identified:		
Contamination	<input type="checkbox"/> Cross Contamination C9 <input type="checkbox"/> Contaminated Raw Product C6, C7 <input type="checkbox"/> Source Contamination C8 <input type="checkbox"/> Inadequate Produce Wash S5 <input type="checkbox"/> Contaminated Kitchen Env. C14 <input type="checkbox"/> Other S5, C15				
Yes No ↓	Evidence based on: <input type="checkbox"/> Observation <input type="checkbox"/> Records <input type="checkbox"/> Discussion <input type="checkbox"/> Past History <input type="checkbox"/> Case Information				
Chemicals	<input type="checkbox"/> Toxic Substances C1, C5 <input type="checkbox"/> Inadequate Sanitizers S4 <input type="checkbox"/> Chemicals Added C2, C3, C4 <input type="checkbox"/> Other S5				
Yes No ↓	Evidence based on: <input type="checkbox"/> Observation <input type="checkbox"/> Records <input type="checkbox"/> Discussion <input type="checkbox"/> Past History <input type="checkbox"/> Case Information				
Previous Inspection Date:		Previous Inspection Score – Red:		Blue:	
Was a Food Establishment Inspection Report completed during this investigation?			Yes (Attach forms)		No
Did the cases have any of the following in common? Yes* No			*Check all below that apply and explain how the commonality contributed to the outbreak in "Describe Findings".		
<input type="checkbox"/> Common Food <input type="checkbox"/> Common FW (Cook, Server, Prep Person) <input type="checkbox"/> Common Food Equipment (Cutting board, Meat slicer)					
Describe Findings	Based on the evidence from the field investigation including information obtained through Observation, Discussion, Record Keeping, and Past History, describe the most likely scenario that led to the outbreak.				
Is this FE part of a Chain? Yes No		If Yes, Suspected problem for other chain locations?		Yes+	No
		If Yes, Were other locations contacted or investigated?		Yes+	No
+Explain:					
What is the Menu Style of the food establishment? (e.g., Deli, Burger, Chinese, Mexican, Fast Food, Steak and Seafood, etc.)			What language(s) spoken?		
Was an interpreter needed?		Yes	No	Was an interpreter used?	
				Yes	No
Communication barrier with Person in Charge?		Yes	No	Communication barrier with food workers?	
				Yes	No

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Style and Location of Service

Catered Onsite
 Catered Offsite
 Full Service Restaurant
 Grocery Store
 Home
 Institution
 Quick Service Restaurant
 Unknown
 Other: _____

Where was suspected food prepared?	Where was suspected food eaten?	Was suspected food on a buffet?
		Yes No

Contamination Point	<input type="checkbox"/> Source/Growing Area <input type="checkbox"/> Processing <input type="checkbox"/> Receiving <input type="checkbox"/> Prep <input type="checkbox"/> Cooking <input type="checkbox"/> Assembly <input type="checkbox"/> Service	Number of visits to kitchen:
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Control Measures, Investigation Methods, and Moving Forward (Check each that was used.)

CONTROL MEASURES	INVESTIGATION METHODS	MOVING FORWARD
<input type="checkbox"/> REQUIRE BEHAVIOR CHANGE <input type="checkbox"/> REQUIRE PROCEDURE CHANGE <input type="checkbox"/> EXCLUDE ILL FOOD WORKER <input type="checkbox"/> FOOD DESTRUCTION <input type="checkbox"/> HOLD ORDER <input type="checkbox"/> CLEANING AND SANITIZING <input type="checkbox"/> CLOSURE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FOOD SAMPLES COLLECTED <input type="checkbox"/> ENVIRONMENTAL SAMPLES COLLECTED <input type="checkbox"/> STOOL SAMPLES COLLECTED <input type="checkbox"/> PHOTOGRAPHS OF FOOD, PREP AREAS, ETC. <input type="checkbox"/> RECEIPTS, INVENTORY, AND TRACE-BACK <input type="checkbox"/> MULTIPLE FE'S INVESTIGATED <input type="checkbox"/> ADDITIONAL CASE FINDING <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FOLLOW-UP VISIT SCHEDULED <input type="checkbox"/> FOLLOW-UP VISIT WITH INTERPRETER <input type="checkbox"/> INCREASED INSPECTION FREQUENCY <input type="checkbox"/> MENU REDUCTION <input type="checkbox"/> REQUIRED EDUCATION/TRAINING <input type="checkbox"/> RISK CONTROL PLAN <input type="checkbox"/> OFFICE CONFERENCE <input type="checkbox"/> OTHER: _____

Results

Is Epi evidence strong (independent of EH evidence)? Example: Three or more people from different households, same symptoms, no other common meals.	Yes	No	→ If Yes, this outbreak* is Confirmed or Probable
	<i>If Yes</i>		
Is EH evidence strong? (Contributing Factors correspond with Suspected Agent.) Example: Contributing Factors that correspond with Suspected Agent are identified and two people from same household with same symptoms.	Yes	No	
	<i>If Yes</i>		

Note for all Outbreaks: Consult with CD Epi or Food Program staff for assistance determining outbreak status. All EH, Epi, and Lab evidence are considered when determining results of investigations.

Is this an outbreak*? **Yes** **No** *If Yes, check either Confirmed, Probable, or Suspect; definitions below:*

<input type="checkbox"/> Confirmed	Laboratory-Confirmed Outbreak: An outbreak with laboratory evidence confirming the outbreak etiology.
<input type="checkbox"/> Probable	Probable Outbreak: An outbreak with EH or Epi evidence and no laboratory evidence.
<input type="checkbox"/> Suspect	Suspect Outbreak: A group of cases linked by time or place (also known as a cluster) but without evidence linking illnesses to a common food. Suspect Outbreaks of foodborne disease may lead to public health activities, including heightened oversight of a facility, but do not require submission of a summary report to the Department of Health.

**An incident in which two or more persons experience a similar illness resulting from the ingestion of a common food or meal.*

Comments:

Names of all local health investigators involved:

Field Investigator or Program Manager Signature	Date	Phone Number
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Washington State Department of Health
Contributing Factors and Methods of Preparation



Contributing Factors (Check all that apply based on your Field Investigation Findings)			
Contamination Factors (Reference page 2)		Proliferation/Amplification Factors (Reference page 2)	
<input type="checkbox"/> C1	Toxic substance part of tissue	<input type="checkbox"/> P1	Food preparation practices that support proliferation of pathogens (during food preparation)
<input type="checkbox"/> C2	Poisonous substance intentionally/deliberately added	<input type="checkbox"/> P2	No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
<input type="checkbox"/> C3	Poisonous or physical substance accidentally/inadvertently added	<input type="checkbox"/> P3	Improper adherence of approved plan to use Time as a Public Health Control
<input type="checkbox"/> C4	Addition of excessive quantities of ingredients that are toxic in large amounts	<input type="checkbox"/> P4	Improper cold holding due to malfunctioning refrigeration equipment
<input type="checkbox"/> C5	Toxic container	<input type="checkbox"/> P5	Improper cold holding due to an improper procedure or protocol
<input type="checkbox"/> C6	Contaminated raw product – food was intended to be consumed after a kill step	<input type="checkbox"/> P6	Improper hot holding due to malfunctioning equipment
<input type="checkbox"/> C7	Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed	<input type="checkbox"/> P7	Improper hot holding due to improper procedure or protocol
<input type="checkbox"/> C8	Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)	<input type="checkbox"/> P8	Improper/slow cooling
<input type="checkbox"/> C9	Cross-contamination of ingredients (cross-contamination does not include ill food workers)	<input type="checkbox"/> P9	Prolonged cold storage
<input type="checkbox"/> C10	Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P10	Inadequate modified atmosphere packaging
<input type="checkbox"/> C11	Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P11	Inadequate processing (acidification, water activity, fermentation)
<input type="checkbox"/> C12	Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P12	Other situations that promoted or allowed microbial growth or toxic production
<input type="checkbox"/> C13	Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> PN/A	Proliferation/Amplification Factors - Not Applicable
<input type="checkbox"/> C14	Storage in contaminated environment		
<input type="checkbox"/> C15	Other source of contamination (e.g., hand washing)		
<input type="checkbox"/> CN/A	Contamination Factors Not Applicable		
Survival Factors (Reference page 2)			
<input type="checkbox"/> S1	Insufficient time and/or temperature control during initial cooking/heat processing	<input type="checkbox"/> S4	Insufficient or improper use of chemical processes designed for pathogen destruction
<input type="checkbox"/> S2	Insufficient time and/or temperature during reheating	<input type="checkbox"/> S5	Other process failures that permit pathogen survival
<input type="checkbox"/> S3	Insufficient time/temperature control during freezing	<input type="checkbox"/> SN/A	Survival Factors - Not Applicable
<input type="checkbox"/> Contributing Factors – Unknown			
Method of Processing (Prior to point-of-service: Processor):		Method of Preparation (At point-of-service: Retail: restaurant, food store):	
<input type="checkbox"/> P1	Pasteurized (e.g., liquid milk, cheese, and juice)	<input type="checkbox"/> R1	Prepared in the home
<input type="checkbox"/> P2	Unpasteurized (e.g., liquid milk, cheese, and juice)	<input type="checkbox"/> R2	Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, bottled juice)
<input type="checkbox"/> P3	Shredded or diced produce	<input type="checkbox"/> R3	Ready to eat food: Manual preparation, No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice)
<input type="checkbox"/> P4	Pre-packaged (e.g., bagged lettuce or other produce)	<input type="checkbox"/> R4	Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers)
<input type="checkbox"/> P5	Irradiation	<input type="checkbox"/> R5	Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes)
<input type="checkbox"/> P6	Pre-washed	<input type="checkbox"/> R6	Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast)
<input type="checkbox"/> P7	Frozen	<input type="checkbox"/> R7	Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili)
<input type="checkbox"/> P8	Canned	<input type="checkbox"/> R8	Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans)
<input type="checkbox"/> P9	Acid treatment (e.g., commercial potato salad with vinegar)	<input type="checkbox"/> R9	Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
<input type="checkbox"/> P10	Pressure treated (e.g., oysters)	<input type="checkbox"/> R10	None/ Unknown
<input type="checkbox"/> P11	None or Unknown		
Level of Preparation			
<input type="checkbox"/> 1	Foods eaten raw with minimal or no processing. (e.g., washing, cooling)		
<input type="checkbox"/> 2	Foods eaten raw with some processing. (e.g., no cooking, fresh cut and/or packaged raw)		
<input type="checkbox"/> 3	Foods eaten heat processed. (e.g., cooked: a microbiological kill step was involved in processing)		

Foodborne Illness Investigation Field Checklist

Suspect Agent or Pathogen of Concern and Corresponding Field Focus	Risk Factors & Interventions	Remediation & Control Measures
VIRUSES → FIELD FOCUS	Ill Food Workers (Ill FW)	<i>Consider each item listed below and check each used.</i>
<input type="checkbox"/> Norovirus <input type="checkbox"/> Hepatitis A <div style="text-align: right;">BHC, HW, Ill FW</div>	<input type="checkbox"/> Exclude Ill FW <input type="checkbox"/> Check work schedules <input type="checkbox"/> Determine employee health status <input type="checkbox"/> Determine roles of food workers for suspected meals or ingredients	Control Measures
BACTERIAL TOXINS → FIELD FOCUS	Bare Hand Contact (BHC)	<input type="checkbox"/> Behavior Change
<input type="checkbox"/> <i>Clostridium botulinum</i> <input type="checkbox"/> <i>Clostridium perfringens</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <div style="text-align: right;">Cooling, HH, RH, RTS, ROP</div>	<input type="checkbox"/> History of BHC prevention in establishment <input type="checkbox"/> Discussion of food preparation steps	<input type="checkbox"/> Procedure Change
BACTERIAL INFECTIONS → FIELD FOCUS	Handwashing (HW)	<input type="checkbox"/> Exclude Ill FW
<input type="checkbox"/> <i>Escherichia coli</i> Enterohemorrhagic or Shiga toxin-producing <input type="checkbox"/> <i>Shigella spp</i> dysenteriae, flexneri, boydii, sonnei <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Salmonella spp</i> typhi, paratyphi, typhimurium, enteritidis <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> <i>Yersinia enterocolitica</i> <div style="text-align: right;">Cook, CH, HW, Ill FW, Egg, Meat, or Produce Source, Produce Wash, XC, CA</div>	<input type="checkbox"/> Handwash sinks available and have soap and towels <input type="checkbox"/> Observe proper HW	<input type="checkbox"/> Food Destruction
PARASITES → FIELD FOCUS	Cold Holding (CH), Hot Holding (HH), Cooling, Reheating (RH), Room Temperature Storage (RTS), Reduced Oxygen Packaging (ROP)	<input type="checkbox"/> Hold Order
<input type="checkbox"/> <i>Cryptosporidium parvum</i> <input type="checkbox"/> <i>Giardia lamblia</i> <input type="checkbox"/> <i>Trichinella spiralis</i> <input type="checkbox"/> <i>Cyclospora cayetanensis</i> <input type="checkbox"/> <i>Toxoplasma gondii</i> <div style="text-align: right;">BHC, HW, Ill FW, Produce Washing, Source, Water</div>	<input type="checkbox"/> Proper CH and HH <input type="checkbox"/> Proper Cooling and RH practices <input type="checkbox"/> History of Cooling or RH practices in establishment <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Presence of RTS or advanced preparation <input type="checkbox"/> ROP products used in suspect menu	<input type="checkbox"/> Cleaning & Sanitizing
SEAFOOD TOXINS & INFECTIONS → FIELD FOCUS	Cross Contamination (XC), Cook, Consumer Advisory (CA)	<input type="checkbox"/> Closure
<input type="checkbox"/> Scombroid fish poisoning <input type="checkbox"/> Shellfish poisoning PSP, DSP, NSP, ASP <input type="checkbox"/> <i>Vibrio spp</i> <i>vulnificus, parahaemolyticus, cholera</i> <div style="text-align: right;">Shellfish Tags, Source, Receiving, CH, Cook, CA</div>	<input type="checkbox"/> Proper storage of raw meats <input type="checkbox"/> Separation of utensils used for raw product <input type="checkbox"/> Cleaning and sanitizing of equipment and utensils <input type="checkbox"/> Menu with proper CA <input type="checkbox"/> Calibrated digital thermometer readily available <input type="checkbox"/> Cooking methods validated and logs checked	Investigation Methods
	Receiving/Source	<input type="checkbox"/> Food Samples
	<input type="checkbox"/> Copy of receipts <input type="checkbox"/> Shellfish Tags	<input type="checkbox"/> Environmental Samples
	Produce Washing	<input type="checkbox"/> Stool Samples
	<input type="checkbox"/> Clean, sanitized sink available <input type="checkbox"/> Proper process observed or discussed <input type="checkbox"/> Suspect products sources identified	<input type="checkbox"/> Photographs
		<input type="checkbox"/> Receipts, Inventory, Trace-back
		<input type="checkbox"/> Multiple FE's Investigated
		<input type="checkbox"/> Additional Case Finding
		Moving Forward
		<input type="checkbox"/> Follow-Up Visit Scheduled
		<input type="checkbox"/> Follow-Up Visit with Interpreter
		<input type="checkbox"/> Increased Inspections
		<input type="checkbox"/> Menu Reduction
		<input type="checkbox"/> Required Ed/Training
		<input type="checkbox"/> Risk Control Plan
		<input type="checkbox"/> Office Conference
		Communication
		<input type="checkbox"/> Local Health CD-Epi
		<input type="checkbox"/> State Food Safety
		<input type="checkbox"/> State CD-Epi