

FOOD TAMPERING OR FOOD CONTAMINATION REPORT
(Adapted for owners of food facilities who found, suspect, or have been informed
by a consumer of a food tampering or food contamination event.)

GENERAL INCIDENT INFORMATION

Is this event a suspected tampering or food contamination?

Date call/report was received:

Time call/report was received: A.M. / P.M.

Call/report received by:

Manner in which the report was received?

- Self found Consumer called Consumer emailed
 Consumer visited stand to report
 Other (describe):

PERSON(S) REPORTING THE INCIDENT

Name of person(s) initially reporting the food tampering/contamination incident:

Address of person(s) involved in the reporting of the incident:

Place of employment of the person reporting the incident:

Phone Number(s) of persons reporting the incident:

Home:

Work:

Cell:

E-Mail address:

FOOD PRODUCT INFORMATION

Final food product that the tampering/contamination incident were found in (item consumer purchased): Ex: Cheese steak sub.

If the item above has multiple ingredients, please list all ingredients here:

If known, list specific ingredient(s) the tampering/contamination may have occurred in (product name/type): Ex: 70% chopped chuck

Lot Code and/or Sell by Date of suspected ingredient(s) (if available):

Date product(s) was purchased:

Store purchased at or product obtained from:

Store address/other address of place where product was purchased or obtained from:

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INCIDENT- DETAILED INFORMATION
Description of the incident (obtain as much detail as possible):
Did the consumer become ill or injured?
Did the person reporting the incident become ill or injured?
List symptoms or injury:
Did these people seek medical assistance?
List any agency/persons you may have contacted to report this incident. Include date and time of contact.
Did you contact the manufacturer of the suspected food item?

 Name of person completing this report

 Signature of person completing this report

 Date this report was completed