|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLACE OF SERVICE INVESTIGATION** | | | | | | | | | | |
| Food/Ingredient under investigation | Agent | | | | | | | | Email | | | | |
| Place of service1 | | | | | | | | | | Address | | | |
| Owner/Operator | Person interviewed | | | | | | | | Phone/Fax | | | | |
| Other meals at which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was served (list meals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other dishes/products in which  Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was served/incorporated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (list dishes or product) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Dates served  / /  / /  / /  Dates served/processed  / /  / /  / / | | | | Known illness  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_ | | | No. cases  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_ |
| Operations being investigated (e.g., cooking slicing) | | | | | | Factors contributing to outbreak | | | | | | | |
| **PLACE OF PREPARATION** (if different than place of serving) | | | | | | | | | | | | | |
| Place prepared/purchased1 | | | | | Address | | | | | | | | |
| Owner/Operator | | | Person interviewed | | | | | Phone/Fax | | | | | |
| Label Name | | | | | Product characteristics (e.g., color, grade, grind size, % fat, size) | | | | | | | | |
| Other meals at which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was served (list meals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other dishes/products in which  Suspect food/ingredient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was served/incorporated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (list dishes or product) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Dates served  / /  / /  / /  Dates served/processed  / /  / /  / / | | | | Known illness  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_ | | | No. cases  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_ |
| Operations being investigated (e.g., cooking slicing) | | | | | | Factors contributing to outbreak at place of service | | | | | | | |
| **PLACE OF PURCHASE OF SUSPECT FOOD OR INGREDIENT** | | | | | | | | | | | | | |
| Supplier1 | | | Address | | | | | Phone/Fax/Email | | | | | |
| Date suspect food/ingredient  (lot) received by preparer2 | | | | Quantity received | | Lot number | | | | | Other product codes/bills of lading numbers | | |
| Manufacturer/Brand | | | | | | | Condition when received (e.g., packaged, loose | | | | | | |
| Product characteristics (e.g., package/container, size/weight/volume, grade) | | | | | | | | | | | | | |
| Investigator | | Title | | | | | Agency | | | | | Date | |

1 Show initials or code used in boxed on flow diagram, Form C  
2 Attach documentation (e.g., copies of freight bills, air bills, receipts (receiving and sales), signed sworn statements, labels)

**FOOD TRACEBACK INVESTIGATION REPORT: FORM B**

|  |  |  |
| --- | --- | --- |
| Owner/Operator | Person interviewed | Phone/Fax |

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