Numbering of the form parts or questions may be out of order or missing. This is intentional due to reporting in the NEARS portal. Additionally, the parts have been placed in the order we anticipate the forms will be completed most frequently.

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| Part | Description | Instructions | | Required |
| EA REPORTING FORM SET 1 | | | | |
| Background  and Details | Details about the outbreak and review of previous facility inspections | * Complete this section before completing any parts of the form. | | **Yes** |
| 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. | | **Yes** |
| 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. | | **Yes** |
| Part Va | Suspected/confirmed foods | * Complete this section for EACH suspected/confirmed food. * Note: If more than one food items is identified, you will complete this form multiple times. * Note: Do not complete this section when reporting a norovirus outbreak and multiple RTE foods are suspected/confirmed. | | ***Yes, if*** a suspected or confirmed food is identified. |
| Part Vb | Suspected/confirmed food, ingredients | * Complete this section for EACH ingredient in the suspected/confirmed food(s). * Note: If more than one food item is suspected/confirmed, you will complete this form multiple times. | | ***Yes, if*** Part Va is completed. |
| Part VII | Contributing Factors | * Complete this section for each contributing factor identified in this outbreak. | | **Yes** |
| Food Flows | Food Flows of Suspected/confirmed foods | * Use this space to show the food flow for each suspected/confirmed food. * Include the risk factors for each prep step, circle where evidence supports a contributing factor and indicate all verified temperatures. * Use a diagram or a narrative. Attach additional pages if needed. * Note: When reporting a norovirus outbreak and multiple RTE foods are suspected, food flows can be completed for groups of foods. (i.e., sandwiches, salads, smoothies, etc.) | | ***Yes, if*** Parts V are completed. |
| Part II (continued) | Samples collected | * Complete this form if environmental samples were collected. | | ***Yes, if*** environmental samples are collected. |
| Part VI | Positive Samples | * Complete this section for each positive sample. | | ***Yes, if*** samples collected test positive. |
| EA REPORTING FORM SET 2 | | | | |
| Part III | Manager Interview | * Complete this form when conducting the follow-up visit. | | **Yes** |
| Part IV | Establishment Observation | * Complete this form when conducting the follow-up visit. | | **Yes** |
| Reference materials are available on the Washington State Retail Food Safety Regulatory Authorities [FoodSHEILD](http://www.foodsheild.org) workgroup: | | | | |
| * Environmental Assessment Field Guide * Molluscan Shellfish Field Guide | | | * [FDA Foodborne Illness-Causing Organisms in the U.S.](https://www.fda.gov/media/77727/download) * Filling Out the EA – Tips for completing the EA Forms | |

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| Background and Details | | | | | | | | | |
| **Agency** | | | | **Contact Name and Phone Number** | | | | | |
| **Facility Name and Address** | | | | **Notification** *(Check all that apply)* | | | Surveillance | | Customer Notification |
| FE Reported | | Other: |
| **Date of First Meal** | **Multiple meal dates involved?** | | | **What time(s) was meal eaten?** | | | | | |
| **# Ill** | **Incubation** | | **Duration** | | | **Symptoms** | | | |
| **Previous Routine Inspection Date:**        (Attach Red/Blue form if completed during EA) | | | | | **Previous Routine Inspection Score**  Red:  Blue: | | | | |
| **NORS Submitted?** | | **NEARS Manager Interview Completed?** | | | | | | **NEARS Facility Observations Completed?** | |

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| 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 location or multiple locations? | | | | | | | | | | | | | | |
| **2.** Did the exposure(s) occur in a single state or multiple states? | | | | | | | | | | | | | | |
| **3.** Did the exposure(s) happen in a single county or multiple counties? | | | | | | | | | | | | | | |
| **4.** How many food service establishment were associated with this outbreak? | | | | | | | | | | | | | | |
| **5.** How many EAs were conducted as a part of this outbreak? | | | | | | | | | | | | | | |
| **5a.** *If no EAs were conducted*: Why were no EAs conducted at FEs in your jurisdiction as a part of this outbreak? | | | | | | | | | | | | | | |
| **6.** How many non-food service establishments were associated with this outbreak?       (Non-food service establishments include food distribution centers, warehouses, manufacturers, processing plants, or farms.) | | | | | | | | | | | | | | |
| **6a.** *If non-food service establishments were associated with the outbreak*: How many EAs were conducted? | | | | | | | | | | | | | | |
| **7.** Was a primary agent identified in this outbreak? (suspected or confirmed) | | | | | | | | | | | | | | |
| **7a.** *If a primary agent was identified:* What was the identified agent?       *or if appropriate, describe below*: | | | | | | | | | | | | | | |
| toxic agent, *describe*:  chemical hazard, *describe:* | | | | | | | | | physical hazard, *describe:*  other, *describe:* | | | | | |
| **Suspected/Confirmed Food** | | | | | | | | | | | | | | |
| **10.** Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?  *If Yes, Complete Parts Va and Vb, Suspected/Confirmed Foods* | | | | | | | | | | | | | | |
| **10a.** *If an ingredient/food was not suspected or confirmed:* Explain why this outbreak was considered foodborne. | | | | | | | | | | | | | | |
| **11.** Provide comments that help describe the foods involved. For norovirus outbreaks explain how food contributed to the outbreak and list the foods implicated. | | | | | | | | | | | | | | |
| **Contributing Factors/Other** | | | | | | | | | | | | | | |
| **12.** Were any **contributing factors** identified in this outbreak? *If yes, Complete Part VII, Contributing Factors* | | | | | | | | | | | | | | |
| **13.** What activities were conducted during the outbreak investigation to try to identify the contributing factors?  *(Check all that apply)* | | | | | | | | | | | | | | |
| routine inspection  interviews with establishment manager  interviews with establishment worker  observation of general food preparation activities during establishment visit | | | | | | food preparation review  assumed based on etiology  environmental sampling  food sampling  clinical sampling | | | | | epidemiologic investigation  (case-control or cohort study)  interviews w/ cases but not controls  traceback  other, describe: | | | |
| **14.** Please rate the **quality of communication** between the food regulatory program and the communicable disease program during this outbreak investigation. | | | | | | | | | | | | | | |
| **15.** What were the **environmental antecedent**(s) of this outbreak? *(Check all that apply)* | | | | | | | | | | | | | | |
| lack of fw training on specific processes  lack of oversight of fws or enforcement  high turnover of fw or management  insufficient staffing  lack of food safety culture  language barrier at fe | | | | | not enough equipment  equipment improperly used  lack of equipment maintenance  improperly sized/installed equip  poor facility layout  lack of reinvestment in fe | | | | | | lack of sick leave or financial incentives  lack of needed supplies for operation  insufficient process to mitigate hazard  fws not following the facility’s process  food not treated as tcs  other: | | | |
| **16.** Briefly describe any other information about the underlying causes of the outbreak (ex: order of env. antecedents) | | | | | | | | | | | | | | |
| **17.** Were any control measures implemented for this outbreak? | | | | | | | | | | | | | | |
| **control measures** *(Check all used.)*  require behavior change  require procedure change  exclude ill food worker  food destruction  hold order  cleaning and sanitizing  closure  public notification  other: | | | **investigation methods***(Check all used.)*  environmental samples collected  (complete samples collected part ii)  food samples collected  (complete samples collected part ii)  stool samples collected  photographs of food, prep areas, etc.  receipts, inventory, and trace-back  multiple food establishments investigated  additional case finding  other: | | | | | | | | | | **moving forward** *(Check all used.)*  follow-up visit scheduled  follow-up visit with interpreter  increased inspection frequency  menu reduction  required education/training  risk control plan  office conference  required repair/remove equipment  other: | |
| 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 FE identified for an EA: | | | | | | | | **2.** Date of first contact with FE management: | | | | | | |
| **3.** Number of **visits** to the FE to complete this EA: | | | | | | | | **4.** Number of **additional contacts** with FE to complete this EA: | | | | | | |
| **5. Facility Type** *(Check only one box)* | | | | | | | | | | | | | | |
| camp  caterer  church  correctional facility  daycare center | feeding site  food cart  grocery store  hospital  mobile food unit | | | | | | nursing home  temporary food stand  restaurant  restaurant in a supermarket  school food service | | | | | workplace cafeteria  cottage/home-based food operation  other, describe: | | |
| **6.** How many critical violations were noted during the last routine inspection?       (Number of red violations; not the score) | | | | | | | | | | | | | | |
| **6a.** *If critical violations were noted*: Mark any of the following observed during the last routine inspection. | | | | | | | | | | | | | | |
| Improper hot/cold holding  Improper cooking | | Soiled/contaminated equip  Poor employee health | | | | | | | | Food from unsafe source  Other, *Describe*: | | | | |
| **7.** Was a translator **needed** to communicate with the kitchen manager during the EA? | | | | | | | | | | | | | | |
| **7a.** *If a translator was needed:* Was a translator **used** to communicate with the kitchen manager? | | | | | | | | | | | | | | |
| **8.** Was a translator **needed** to communicate with the food workers during the EA? | | | | | | | | | | | | | | |
| **8a.** *If a translator was needed:* Was a translator **used** to communicate with the food workers? | | | | | | | | | | | | | | |
| **9.** Establishment type: | | | | | | | | | | | | | | |
| **10.** Do customers have direct access to unpackaged food such as a buffet line or salad bar? | | | | | | | | | | | | | | |
| **11.** Does the establishment serve raw or undercooked animal products in any menu item? (ex: oysters, shell eggs) | | | | | | | | | | | | | | |
| **11a.** Is a **consumer advisory** regarding the risk of consuming raw/undercooked animal products provided? | | | | | | | | | | | | | | |
| **11a1.** *If Yes,* Where is the consumer advisory? | | | | On the menu as a footnote  On the menu in the menu item description | | | | | | | | | | On a sign  Other, *Describe:* |
| **12.** Which option best describes the **menu** for this establishment?  Other: | | | | | | | | | | | | | | |

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| Part Va - Suspected/confirmed foods: Complete this section for EACH suspected/confirmed food. | |
| **Suspected/confirmed food #** | #: |
| **1.** What is the name of the suspected or confirmed ingredient/food vehicle? |  |
| **2.** Is this food a single specific ingredient or multi- ingredient? | Single specific ingredient food (ex: ground beef)  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. *(Check all that apply)* | 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)  Ingredient/food was epidemiologically linked with cases (**not** statistically significant).  Ingredient/food was epidemiologically linked with cases (statistically significant).  Agent was confirmed in samples of an epidemiologically linked food.  Agent was confirmed in clinical samples.  Isolates from clinical and food samples closely related or identical by molecular typing.  Other, *Describe:* |
| **4.** Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption? |  |
| **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? |  |
| **5a.** *If events appeared to be different from ordinary circumstances:* How would those events best be characterized? (*Check all that apply*) | Ingredient(s) used (ex: different source or form, a substitution)  How ingredient(s) were handled  Method of preparation, cooking, holding, serving the food  Equipment used to handle the food  Equipment used to cook the food  Equipment used to store or hold the food  Equipment used to clean/sanitize food contact surfaces  Employees involved in preparing, cooking, holding, and/or serving food  Ill employees  Ill family members  Other, *Describe:* |
| **Facility Name**: | |

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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.** Describe any information that shows this ingredient is: imported, or from an unapproved source or recall, *Describe*:        (ex. product manifests, records, tags) | | | | | | | | |
| **3.** Did any of the following intend for the food to be consumed raw or undercooked? (*Check all that apply)* | | | Manufacturer/Processor  Establishment  Customer  N/A  Unknown | | | | | |
| MEAT INFORMATION | | | | | | | | |
| 4a. Select type if: ***Poultry***:  Chicken  Turkey  Goose  Duck  Other (ex: emu), *Describe*: | | | | | | | | |
| 4b. Select type if: ***Seafood*** Fin fish (ex: trout, cod)  Shellfish (ex: oysters)  Crustaceans (ex: shrimp)  Marine mammals (ex: dolphins)  Other Seafood, *Describe*: | | | | | | | | |
| 4c. Select type if: ***Beef, pork, lamb, other meat*** | Beef  Pork  Lamb  Other Miscellaneous meat (ex: goat, rabbit), *Describe:* | | | | | | | |
| PRODUCT ARRIVAL INFORMATION (MEAT, DAIRY, EGGS) | | | | | | | | |
| **4d. For Meat** **products** (Poultry, Seafood, Beef, Pork, Lamb, or Other Meat)  *Select the best description of the product upon arrival at the FE:* | | Raw, nonfrozen  Raw, frozen  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)  Commercially processed, further cooking required  (ex: chicken nuggets that require full cooking) | | | | Dried/Smoked  Other, *Describe:* |
| **4e. For Dairy products**  *Select the best description of the product  upon arrival at the FE* | | Pasteurized fluid milk  Unpasteurized fluid milk | | Pasteurized dairy product, *Describe*:  Unpasteurized dairy product, *Describe*: | | | | Cheese, *Describe*: |
| **4f. For Eggs**  *Select the best description of the product upon arrival at the FE:* | | Pasteurized in-shell eggs  Pasteurized egg product | | Unpasteurized egg product | | | *Describe the egg ingredient:* | |
| PLANT AND PRODUCE INFORMATION | | | | | | | | |
| **4g.** Select type if: ***Plant or Plant Product:*** | | Fruit (ex: apples, berries, citrus)  Nuts/Seeds (ex: pecans, sesame seeds)  Grains/Cereal products (ex: bread, pasta) | | | Fungi (ex: mushrooms)  Grains/Cereals (ex: rice, wheat, oats)  Produce  *Describe the plant ingredient*: | | | |
| **4h.** Select type if: ***Produce***: | | Greens (ex: romaine, spinach)  Root vegetable (ex: potatoes, garlic) | | | Vine or above ground vegetable (ex: asparagus, black beans)  Sprouts (ex: alfalfa)  *Describe the produce ingredient*: | | | |
| PRODUCT ARRIVAL INFORMATION (PLANT OR PLANT PRODUCT) | | | | | | | | |
| **4i. For Plant or Plant Products***,  Select the best description of the product upon arrival at the FE* | | Raw, whole, nonfrozen  Commercially processed fresh product (ex: bagged lettuce)  Commercially processed - canned (ex: green beans) | | | | Dried  Raw, frozen (ex: frozen corn)  Other, *Describe*: | | |
| **4j.** *If ingredient is not described in the previous categories, Describe* *the ingredient*: | |  | | | | | | |

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| Part VII – Contributing factors: Complete this section for each identified contributing factor in this outbreak. | | | | |
| **Contamination Factors**  *(Check all that apply.)*  N/A – None found | C1 | | | Toxin or chemical agent naturally part of tissue |
| C2 | | | Poisonous substance or infectious agent intentionally added |
| C3 | | | Poisonous substance accidentally/inadvertently added |
| C4 | | | Ingredients toxic in large amounts accidentally added |
| C5 | | | Container or equipment used to hold food was made with toxic substances |
| C6 | | | Food contaminated by animal or environmental source *at point of final preparation/sale* |
| C7 | | | Food contaminated by animal or environmental source *before arriving at point of final preparation* (pre or post-harvest) |
| C8 | | | Cross-contamination of foods, excluding infectious food workers/handlers |
| C9 | | | BHC: Contamination from infectious food worker/handler through *bare hand* contact with food |
| C10 | | | Glove-hand: Contamination from infectious food worker/handler through glove-hand contact with food |
| C11 | | | Contamination from infectious food worker/handler through unknown type of hand contact with food or indirect contact with food |
| C12 | | | Contamination from infectious non-food worker/handler through direct or indirect contact with food |
| C13 | | | Other source of contamination (lack of adequate hand washing) |
| Briefly explain why these **Contamination Factors** were marked: | | | | |
| **Proliferation**  **Factors**  *(Check all that apply.)*  N/A – None found | P1 | | Allowing food to remain out of temperature control for a prolonged period of during preparation | |
| P2 | | Allowing food to remain out of temperature control for a prolonged period of during food service or display | |
| P3 | | Inadequate cold holding temperature due to malfunctioning refrigeration equipment | |
| P4 | | Inadequate cold holding due to an improper practice | |
| P5 | | Inadequate hot holding due to malfunctioning equipment | |
| P6 | | Inadequate hot holding due to an improper practice | |
| P7 | | Improper cooling of food | |
| P8 | | Extended refrigeration of food for an unsafe amount of time relative to the food product and pathogen | |
| P9 | | Inadequate Reduced Oxygen Packaging (ROP) of food | |
| P10 | | Inadequate non-temperature dependent processes (acidification, water activity, fermentation) applied to food to prevent pathogens from multiplying | |
| P11 | | Other situations that promoted or allowed microbial growth or toxic production (specify) | |
| Briefly explain why these **Proliferation Factors** were marked: | | | | |
| **Survival**  **Factors**  *(Check all that apply.)*  N/A – None found | S1 | Inadequate time/temperature control during initial cooking/thermal processing of food | | |
| S2 | Inadequate time/temperature during reheating of food | | |
| S3 | Inadequate time/temperature control during freezing of food designed for pathogen destruction | | |
| S4 | Inadequate non-temperature (acidification, water activity, fermentation) applied to a food to prevent applied to a food to prevent pathogens from surviving | | |
| S5 | No attempt was made to inactivate the contaminant through initial cooking/thermal processing, freezing, or chemical processes | | |
| S6 | Other process failures that permit pathogen survival (specify): | | |
| Briefly explain why these **Survival Factors** were marked: | | | | |
| In your judgement, which is the **primary contributing factor** for this outbreak? | | | | |
| Briefly explain why: | | | | |
| When did this factor most likely occur? | | | | |

To see full definitions and examples: <https://www.cdc.gov/nceh/ehs/nears/cf-definitions.htm#anchor_1503090776264>

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| **Food Flows** Use this space to show the food flow for each suspected/confirmed food. RTE foods may be grouped together. Include and identify the risk factors for each prep step, circle where evidence supports a contributing factor and indicate all *verified* temperatures (HH, CH, RH, Cooking). Use a standard flow chart or a narrative describing where the risk factors and contributing factors were identified. |
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| Food Flows for: |
| FE Name EA Date |

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| Part II (continued) – Samples Collected | | | | | | | | |
| **13.** Were any samples taken in this establishment? *If any samples were positive, complete Part VI, Positive samples* | | | | | | | | |
| 13a.*If* ***environmental samples*** *were taken:* Where were they taken? | | | | | | | | |
| **location** | **# taken** | **location** | **# taken** | **location** | | **# taken** | **location** | **# taken** |
| Floor drain | #: | Sink | #: | Inside any heating unit | | #: | Other, *Describe*: | #: |
| Food prep table | #: | Slicer | #: | Wall, ceilings | | #: | Other, *Describe*: | #: |
| Utensil | #: | Floor | #: | Inside any cooling unit | | #: | Other, *Describe*: | #: |
| **13b.** *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.)* | | | | | | | | |
| The names below should match the **specific food** name(s) in Part V.  Specific food ingredient A, #:  Name:  Specific food ingredient B, #:  Name:  Specific food ingredient C, #:  Name:  Specific food ingredient D, #:  Name: | | | | | The names below should match the **multi-ingredient food** name(s) in Part V.  Multi-ingredient food A, #:  Name:  Multi-ingredient food B, #:  Name:  Multi-ingredient food C, #:  Name:  Multi-ingredient food D, #:  Name: | | | |

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| Part VI- Positive Samples: Complete this section for EACH positive sample. | | | | |
| Positive sample #: | Date sample was collected: | | | |
| **1.** Describe the agent(s) found in the sample: | a. Agent(s) | b. Serotype, if identified | | c. Matched a clinical sample? |
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| Toxic agent, *Describe*: |  | |  |
| Chemical hazard, *Describe*: |  | |  |
| Physical hazard, *Describe*: |  | |  |
| Other, *Describe*: |  | |  |
| **2.** Where was the sample taken? | Floor drain  Food prep table  Utensil (ex: tongs, pan)  Sink  Slicer | | Inside any cooling unit (ex: walk-in, reach-in)  Inside any heating unit  Wall, ceiling  Floor (ex: floor itself, floor mat)  Other, *Describe*: | |
| *The name given below should match the specific food name given in Part Va.*  Specific food ingredient, Describe: | | *The name given below should match the multi- ingredient food name given in Part Vb.*  Multi-ingredient food, *Describe*: | |
| **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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