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

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