



**Electronic  
Foodborne  
Outbreak  
Reporting  
System**

**Investigation of a Foodborne Outbreak**

This form is used to report foodborne disease outbreak investigations to CDC. It is also used to report *Salmonella* Enteritidis and *E. coli* O157:H7 outbreak investigations involving any mode of transmission. A foodborne outbreak is defined as the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food in the United States. This form has 6 parts. Part 1 asks for the minimum or basic information needed and must be completed for the investigation to be counted in the CDC annual summary. Part 2 asks for additional information for any foodborne outbreak, while Parts 3 – 6 ask for information concerning specific vehicles or etiologies. Please complete as much of all parts as possible.

CDC Use Only

State Use Only

**Part 1: Basic Information**

**1. Report Type**

- A.  
 Please check if this a final report
- B.  
 Please check if data does not support a FOODBORNE outbreak

**2. Number of Cases**

Lab-confirmed cases \_\_\_\_\_ (A)  
 Including \_\_\_\_\_ secondary cases

Probable cases \_\_\_\_\_ (B)  
 Including \_\_\_\_\_ secondary cases

Estimated total ill \_\_\_\_\_  
 (If greater than sum A + B)

**3. Dates**

Please enter as many dates as possible

Date first case became ill \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Date last case became ill \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Date first known exposure \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Date last known exposure \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

**4. Location of Exposure**

Reporting state \_\_\_\_\_

If multiple states involved:  
 Exposure occurred in multiple states  
 Exposure occurred in single state, but cases resided in multiple states  
 Other states: \_\_\_\_\_

Reporting county \_\_\_\_\_

If multiple counties involved:  
 Exposure occurred in multiple counties  
 Exposure occurred in one county, but cases resided in multiple counties  
 Other counties: \_\_\_\_\_

**5. Approximate Percentage of Cases in Each Age Group**

<1 year \_\_\_\_% 20-49 yrs \_\_\_\_%  
 1-4 yrs \_\_\_\_% ≥50 yrs \_\_\_\_%  
 5-19 yrs \_\_\_\_% Unknown \_\_\_\_%

**6. Sex**

(Estimated percent of the total cases)

Male \_\_\_\_\_%

Female \_\_\_\_\_%

**7. Investigation Methods (Check all that apply)**

- Interviews of only cases
- Food preparation review
- Investigation at factory or production plant
- Investigation at original source (farm, marine estuary, etc.)
- Food product traceback
- Environment / food sample cultures
- Case-control study
- Cohort study

**8. Implicated Food(s): (Please provide known information)**

Name of Food	Main Ingredient(s)	Contaminated Ingredient(s)	Reason(s) Suspected (See codes just below)	Method of Preparation (See attached codes)
e.g., Lasagna	e.g., Pasta, sauce, eggs, beef	e.g., Eggs	e.g., 4	e.g., M1
1)				
2)				
3)				

Food vehicle undetermined

Reason Suspected (List above all that apply)

- 1 - Statistical evidence from epidemiological investigation
- 2 - Laboratory evidence (e.g., identification of agent in food)
- 3 - Compelling supportive information
- 4 - Other data (e.g., same phage type found on farm that supplied eggs)
- 5 - Specific evidence lacking but prior experience makes it likely source

Completed by \_\_\_\_\_

agency \_\_\_\_\_

date \_\_\_\_\_

**9. Etiology:** (Name the bacteria, virus, parasite, or toxin. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile. Confirmation criteria available at <http://www.cdc.gov/ncidod/dbmd/outbreak/> or MMWR2000/Vol. 49/SS-1/App. B)

Etiology	Serotype	Other Characteristics (e.g., phage type)	Detected In (See codes just below)
1)	<input type="checkbox"/> Confirmed		
2)	<input type="checkbox"/> Confirmed		
3)	<input type="checkbox"/> Confirmed		

Etiology undetermined

**Detected In** (List above all that apply)

- 1 - Patient Specimen(s)       3 -Environment specimen(s)  
 2 - Food Specimen(s)       4 - Food Worker specimen(s)

**10. Isolate Subtype**

State Lab ID	PFGE (PulseNet designation)	PFGE (PulseNet designation)
1)		
2)		
3)		

**11. Contributing Factors** (Check all that apply. See attached codes and explanations)

**Contributing factors unknown**

**Contamination Factor**

C1  C2  C3  C4  C5  C6  C7  C8  C9  C10  C11  C12  C13  C14  C15 (describe in Comments)  N/A

**Proliferation/Amplification Factor (bacterial outbreaks only)**

P1  P2  P3  P4  P5  P6  P7  P8  P9  P10  P11  P12 (describe in Comments)  N/A

**Survival Factor (microbial outbreaks only)**

S1  S2  S3  S4  S5 (describe in Comments)  N/A

**Was food-worker implicated as the source of contamination?**  Yes  No

If yes, please check **only one** of following

- laboratory *and* epidemiologic evidence
- epidemiologic evidence (w/o lab confirmation)
- lab evidence (w/o epidemiologic evidence)
- prior experience makes this the likely source (please explain in Comments)

**Part 2: Additional Information**

<b>12. Symptoms, Signs and Outcomes</b>			<b>13. Incubation Period</b> (Circle appropriate units)		<b>14. Duration of Illness</b> (Among those who recovered) (Circle appropriate units)	
<b>Feature</b>	<b>Cases with outcome/ feature</b>	<b>Total cases for whom you have information available</b>	Shortest _____ (Hours, Days) Longest _____ (Hours, Days) Median _____ (Hours, Days) <input type="checkbox"/> Unknown		Shortest _____ (Hours, Days) Longest _____ (Hours, Days) Median _____ (Hours, Days) <input type="checkbox"/> Unknown	
Healthcare provider visit						
Hospitalization						
Death						
Vomiting						
Diarrhea						
Bloody stools						
Fever						
Abdominal cramps						
HUS or TTP						
Asymptomatic						
*						
*						
*						

- \* Use the following terms, if appropriate, to describe other common characteristics of cases**
- |                             |                    |                             |
|-----------------------------|--------------------|-----------------------------|
| <b>Anaphylaxis</b>          | <b>Headache</b>    | <b>Tachycardia</b>          |
| <b>Arthralgia</b>           | <b>Hypotension</b> | <b>Temperature reversal</b> |
| <b>Bradycardia</b>          | <b>Itching</b>     | <b>Thrombocytopenia</b>     |
| <b>Bullous skin lesions</b> | <b>Jaundice</b>    | <b>Urticaria</b>            |
| <b>Coma</b>                 | <b>Lethargy</b>    | <b>Wheezing</b>             |
| <b>Cough</b>                | <b>Myalgia</b>     |                             |
| <b>Descending paralysis</b> | <b>Paresthesia</b> |                             |
| <b>Diplopia</b>             | <b>Septicemia</b>  |                             |
| <b>Flushing</b>             | <b>Sore throat</b> |                             |

**15. If Cohort Investigation Conducted:**

$$\text{Attack rate}^* = \frac{\text{Exposed and ill}}{\text{Total number exposed for whom you have illness information}} \times 100 = \text{_____} \%$$

\* The attack rate is applied to persons in a cohort who were exposed to the implicated vehicle. The numerator is the number of persons who were exposed and became ill; the denominator is the total number of persons exposed to the implicated vehicle. If the vehicle is unknown, then the attack rate should not be calculated.

<p><b>16. Location Where Food Was Prepared</b> (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Restaurant or deli</td> <td><input type="checkbox"/> Nursing home</td> </tr> <tr> <td><input type="checkbox"/> Day care center</td> <td><input type="checkbox"/> Prison, jail</td> </tr> <tr> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Private home</td> </tr> <tr> <td><input type="checkbox"/> Office setting</td> <td><input type="checkbox"/> Workplace, not cafeteria</td> </tr> <tr> <td><input type="checkbox"/> Workplace cafeteria</td> <td><input type="checkbox"/> Wedding reception</td> </tr> <tr> <td><input type="checkbox"/> Banquet Facility</td> <td><input type="checkbox"/> Church, temple, etc</td> </tr> <tr> <td><input type="checkbox"/> Picnic</td> <td><input type="checkbox"/> Camp</td> </tr> <tr> <td><input type="checkbox"/> Caterer</td> <td><input type="checkbox"/> Contaminated food imported into U.S.</td> </tr> <tr> <td><input type="checkbox"/> Grocery Store</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Fair, festival, other temporary/ mobile services</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Commercial product, served without further preparation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unknown or undetermined</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Describe) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Restaurant or deli	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Day care center	<input type="checkbox"/> Prison, jail	<input type="checkbox"/> School	<input type="checkbox"/> Private home	<input type="checkbox"/> Office setting	<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Wedding reception	<input type="checkbox"/> Banquet Facility	<input type="checkbox"/> Church, temple, etc	<input type="checkbox"/> Picnic	<input type="checkbox"/> Camp	<input type="checkbox"/> Caterer	<input type="checkbox"/> Contaminated food imported into U.S.	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hospital	<input type="checkbox"/> Fair, festival, other temporary/ mobile services		<input type="checkbox"/> Commercial product, served without further preparation		<input type="checkbox"/> Unknown or undetermined		<input type="checkbox"/> Other (Describe) _____		<p><b>17. Location of Exposure or Where Food Was Eaten</b> (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Restaurant or deli</td> <td><input type="checkbox"/> Nursing Home</td> </tr> <tr> <td><input type="checkbox"/> Day care center</td> <td><input type="checkbox"/> Prison, jail</td> </tr> <tr> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Private home</td> </tr> <tr> <td><input type="checkbox"/> Office Setting</td> <td><input type="checkbox"/> Workplace, not cafeteria</td> </tr> <tr> <td><input type="checkbox"/> Workplace cafeteria</td> <td><input type="checkbox"/> Wedding Reception</td> </tr> <tr> <td><input type="checkbox"/> Banquet Facility</td> <td><input type="checkbox"/> Church, temple, etc.</td> </tr> <tr> <td><input type="checkbox"/> Picnic</td> <td><input type="checkbox"/> Camp</td> </tr> <tr> <td><input type="checkbox"/> Grocery Store</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Fair, festival, temporary/ mobile service</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unknown or undetermined</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Describe) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Restaurant or deli	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Day care center	<input type="checkbox"/> Prison, jail	<input type="checkbox"/> School	<input type="checkbox"/> Private home	<input type="checkbox"/> Office Setting	<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Wedding Reception	<input type="checkbox"/> Banquet Facility	<input type="checkbox"/> Church, temple, etc.	<input type="checkbox"/> Picnic	<input type="checkbox"/> Camp	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hospital	<input type="checkbox"/> Fair, festival, temporary/ mobile service		<input type="checkbox"/> Unknown or undetermined		<input type="checkbox"/> Other (Describe) _____	
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**18. Trace back**  
 Please check if trace back conducted

Source to which trace back led:

Source (e.g., Chicken farm, Tomato processing plant)	Location of Source State	Country	Comments

<p><b>19. Recall</b></p> <p><input type="checkbox"/> Please check if any food product recalled</p> <p>Recall Comments</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>20. Available Reports</b> (Please attach)</p> <p><input type="checkbox"/> Unpublished agency report</p> <p><input type="checkbox"/> Epi-Aid report</p> <p><input type="checkbox"/> Publication (please reference if not attached)</p> <p>_____</p> <p>_____</p>
<p><b>21. Agency reporting this outbreak</b></p> <p>_____</p> <p><b>Contact person:</b></p> <p>Name _____</p> <p>Title _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>E-mail _____</p>	<p><b>22. Remarks</b></p> <p>Briefly describe important aspects of the outbreak not covered above (e.g., restaurant closure, immunoglobulin administration, economic impact, etc)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>Part 3: School Questions</b>	
<p><b>1. Did the outbreak involve a single or multiple schools?</b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Multiple (If yes, number of schools _____)</p>	
<p><b>2. School characteristics</b> (for all involved students in all involved schools)</p> <p>a. Total approximate enrollment _____ (number of students)</p> <p><input type="checkbox"/> Unknown or Undetermined</p> <p>b. Grade level(s) (Please check all grades affected)</p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> Grade School (grades K-12)</p> <p style="padding-left: 20px;">Please check all grades affected: <input type="checkbox"/>K <input type="checkbox"/>1st <input type="checkbox"/>2nd <input type="checkbox"/>3rd <input type="checkbox"/>4th <input type="checkbox"/>5th <input type="checkbox"/>6th <input type="checkbox"/>7th <input type="checkbox"/>8th <input type="checkbox"/>9th <input type="checkbox"/>10th <input type="checkbox"/>11th <input type="checkbox"/>12th</p> <p><input type="checkbox"/> College/University/Technical School</p> <p><input type="checkbox"/> Unknown or Undetermined</p> <p>c. Primary funding of involved school(s)</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown or Undetermined</p>	
<p><b>3. Describe the preparation of the implicated item:</b></p> <p><input type="checkbox"/> Heat and serve (item mostly prepared or cooked off-site, reheated on-site)</p> <p><input type="checkbox"/> Served a-la-carte</p> <p><input type="checkbox"/> Serve only (preheated or served cold)</p> <p><input type="checkbox"/> Cooked on site using primary ingredients</p> <p><input type="checkbox"/> Provided by a food service management company</p> <p><input type="checkbox"/> Provided by a fast food vendor</p> <p><input type="checkbox"/> Provided by a pre-plate company</p> <p><input type="checkbox"/> Part of a club/ fundraising event</p> <p><input type="checkbox"/> Made in the classroom</p> <p><input type="checkbox"/> Brought by a student/teacher/parent</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown or Undetermined</p>	<p><b>4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*</b></p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> Twice</p> <p><input type="checkbox"/> More than two times</p> <p><input type="checkbox"/> Not inspected</p> <p><input type="checkbox"/> Unknown or Undetermined</p> <p><b>5. Does the school have a HACCP plan in place for the school feeding program?*</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown or Undetermined</p> <p><small>*If there are multiple schools involved, please answer according to the most affected school</small></p>

Completed by \_\_\_\_\_

agency \_\_\_\_\_

date \_\_\_\_\_

**6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?**

- Yes  
 No  
 Unknown or Undetermined

**If Yes, Was the implicated food item donated/purchased by :**

- USDA through the Commodity Distribution Program  
 Purchased commercially by the state/school authority  
 Other \_\_\_\_\_  
 Unknown or Undetermined

**Part 4: Ground Beef**

1. What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? \_\_\_\_\_%
2. Was ground beef case ready? (Ground beef that comes from a manufacturer packaged for sale and not altered or repackaged by the retailer)
- Yes  
 No  
 Unknown or Undetermined
3. Was the beef ground or reground by the retailer?
- Yes  
 No  
 Unknown or Undetermined

If yes, was anything added to the beef during grinding (e.g., shop trim or any product to alter the fat content) \_\_\_\_\_

**Part 5: Mode of Transmission**

(Enterohemorrhagic *E. coli* or *Salmonella* Enteritidis only)

**1. Mode of Transmission** (for greater than 50% of cases)

Select one:

- Food  
 Person to person  
 Swimming or recreational water  
 Drinking water  
 Contact with animals or their environment  
 Unknown or Undetermined

**Part 6: Additional Egg Questions****1. Were Eggs:** (Check all that apply)

- in-shell, un-pasteurized?  
 in-shell, pasteurized?  
 liquid or dry egg product?  
 stored with inadequate refrigeration during or after sale?  
 consumed raw?  
 consumed undercooked?  
 pooled?

**2. If eggs traced back to farm, was *Salmonella* Enteritidis found on the farm?**

- Yes  
 No  
 Unknown or Undetermined

Comment: \_\_\_\_\_

Completed by \_\_\_\_\_

agency \_\_\_\_\_

date \_\_\_\_\_

**Contamination Factors:<sup>1</sup>**

- C1 - Toxic substance part of tissue (e.g., ciguatera)
- C2 - Poisonous substance intentionally added (e.g., cyanide or phenolphthalein added to cause illness)
- C3 - Poisonous or physical substance accidentally/incidentally added (e.g., sanitizer or cleaning compound)
- C4 - Addition of excessive quantities of ingredients that are toxic under these situations (e.g., niacin poisoning in bread)
- C5 - Toxic container or pipelines (e.g., galvanized containers with acid food, copper pipe with carbonated beverages)
- C6 - Raw product/ingredient contaminated by pathogens from animal or environment (e.g., *Salmonella* enteritidis in egg, Norwalk in shellfish, *E. coli* in sprouts)
- C7 - Ingestion of contaminated raw products (e.g., raw shellfish, produce, eggs)
- C8 - Obtaining foods from polluted sources (e.g., shellfish)
- C9 - Cross-contamination from raw ingredient of animal origin (e.g., raw poultry on the cutting board)
- C10 - Bare-handed contact by handler/worker/preparer (e.g., with ready-to-eat food)
- C11 - Glove-handed contact by handler/worker/preparer (e.g., with ready-to-eat food)
- C12 - Handling by an infected person or carrier of pathogen (e.g., *Staphylococcus*, *Salmonella*, Norwalk agent)
- C13 - Inadequate cleaning of processing/preparation equipment/utensils leads to contamination of vehicle (e.g., cutting boards)
- C14 - Storage in contaminated environment leads to contamination of vehicle (e.g., store room, refrigerator)
- C15 - Other source of contamination (*please describe in Comments*)

**Proliferation/Amplification Factors:<sup>1</sup>**

- P1 - Allowing foods to remain at room or warm outdoor temperature for several hours (e.g., during preparation or holding for service)
- P2 - Slow cooling (e.g., deep containers or large roasts)
- P3 - Inadequate cold-holding temperatures (e.g., refrigerator inadequate/not working, iced holding inadequate)
- P4 - Preparing foods a half day or more before serving (e.g., banquet preparation a day in advance)
- P5 - Prolonged cold storage for several weeks (e.g., permits slow growth of psychrophilic pathogens)
- P6 - Insufficient time and/or temperature during hot holding (e.g., malfunctioning equipment, too large a mass of food)
- P7 - Insufficient acidification (e.g., home canned foods)
- P8 - Insufficiently low water activity (e.g., smoked/salted fish)
- P9 - Inadequate thawing of frozen products (e.g., room thawing)
- P10 - Anaerobic packaging/Modified atmosphere (e.g., vacuum packed fish, salad in gas flushed bag)
- P11 - Inadequate fermentation (e.g., processed meat, cheese)
- P12 - Other situations that promote or allow microbial growth or toxic production (*please describe in Comments*)

**Survival Factors:<sup>1</sup>**

- S1 - Insufficient time and/or temperature during initial cooking/heat processing (e.g., roasted meats/poultry, canned foods, pasteurization)
- S2 - Insufficient time and/or temperature during reheating (e.g., sauces, roasts)
- S3 - Inadequate acidification (e.g., mayonnaise, tomatoes canned)
- S4 - Insufficient thawing, followed by insufficient cooking (e.g., frozen turkey)
- S5 - Other process failures that permit the agent to survive (*please describe in Comments*)

**Method of Preparation:<sup>2</sup>**

- M1 - Foods eaten raw or lightly cooked (e.g., hard shell clams, sunny side up eggs)
- M2 - Solid masses of potentially hazardous foods (e.g., casseroles, lasagna, stuffing)
- M3 - Multiple foods (e.g., smorgasbord, buffet)
- M4 - Cook/serve foods (e.g., steak, fish fillet)
- M5 - Natural toxicant (e.g., poisonous mushrooms, paralytic shellfish poisoning)
- M6 - Roasted meat/poultry (e.g., roast beef, roast turkey)
- M7 - Salads prepared with one or more cooked ingredients (e.g., macaroni, potato, tuna)
- M8 - Liquid or semi-solid mixtures of potentially hazardous foods (e.g., gravy, chili, sauce)
- M9 - Chemical contamination (e.g., heavy metal, pesticide)
- M10 - Baked goods (e.g., pies, eclairs)
- M11 - Commercially processed foods (e.g., canned fruits and vegetables, ice cream)
- M12 - Sandwiches (e.g., hot dog, hamburger, Monte Cristo)
- M13 - Beverages (e.g., carbonated and non-carbonated, milk)
- M14 - Salads with raw ingredients (e.g., green salad, fruit salad)
- M15 - Other, does not fit into above categories (*please describe in Comments*)
- M16 - Unknown, vehicle was not identified

<sup>1</sup> Frank L. Bryan, John J. Guzewich, and Ewen C. D. Todd. Surveillance of Foodborne Disease III. Summary and Presentation of Data on Vehicles and Contributory Factors; Their Value and Limitations. *Journal of Food Protection*, 60; 6:701-714, 1997.

<sup>2</sup> Weingold, S. E., Guzewich JJ, and Fudala JK. Use of foodborne disease data for HACCP risk assessment. *Journal of Food Protection*, 57; 9:820-830, 1994.

Completed by \_\_\_\_\_

agency \_\_\_\_\_

date \_\_\_\_\_