

FOOD BORNE ILLNESS REPORT Summer Food Service Program

1. Obtain and record the following information:

Name(s) of the child or children: _____

Name(s) of the parent(s) or guardian(s): _____

Parent or Guardian's telephone number: _____

When the child(ren) last ate (the date and time): _____

What the child(ren) last ate (include everything eaten): _____

What time the child(ren) began to feel ill?: _____

What symptoms did the children experience? _____

2. Include information on the food item(s) involved. FREEZE ALL leftovers of the suspected food(s) and clearly mark "SAVE, but DO NOT USE." Health Inspectors will need a sample of the suspected foods for testing.

3. The Site Supervisor MUST notify the monitor and/or sponsor IMMEDIATELY.

Sponsor Notified (*Provide Date & Time Notified*): _____

4. The Sponsor MUST report the incident to the New Mexico Environment Department (NMED) at 1-800-219-6157 or Santa Fe Field Office at (505) 827-1840 or Albuquerque Field office at (505) 222-9500. Follow the instructions they give on what to do for the child(ren) and with the suspected food(s).

NMED Notified (*Provide Date Notified*): _____

Note any instructions from NMED: _____

5. The Sponsor MUST also call the SFSP Program Manager at: (505) 841-4856 or 1-800-328-2665

SFSP Program Manager Notified (*Provide Date Notified*) _____

Signature of person completing this form: _____

Printed Name: _____

Title: _____

Copy To:

Sponsor: _____

Family Nutrition Bureau: _____