**Alleged Food Poisoning Reporting Form**

Use this initial reporting form to gather and record information about the incident when you are speaking to the individual and the team about the incident. Once completed this should be used to complete the AIR3 Online Reporting Form and should be retained for 6 months with all appropriate evidence and supporting information.

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| **WHERE & WHEN** | | | |
| Unit Name: |  | Unit Number: |  |
| Date Reported: |  | Date of Incident: |  |
| Exact Location of Incident: |  | Time of Incident: |  |
| Your First Name: |  | Your Surname: |  |
| Your Job Title: |  | Telephone No: |  |
| Your Email Address: |  | | |
| RM/OD/BD Email Address: |  | | |

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| **INCIDENT DETAILS** | | | | | | |
| What Did They Eat? |  | | | | | |
| Was It Made in Unit? | Yes: |  | No: |  | If No, Provide Supplier Name: |  |
| Incident Description: *(Provide a summary of the service, when the food was delivered, prepared and type of service)* | | | | | | |
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| **COMPLAINANT DETAILS** | | | | | | | | | | | |
| Who Was Involved? | Customer: | | |  | | Contractor: | |  | Employee / Agency Staff: | |  |
| Other (Provide Details): | | |  | |  | | | | | |
| Title: |  | | | | | | | | | | |
| First Name: |  | | | | | | Surname: | | |  | |
| Address: |  | | | | | | | | | | |
| Postcode: |  | | | | | | Contact No: | | |  | |
| Any Other Complaints? | Yes: |  | No: | |  | | If Yes, How Many? | | |  | |
| Complainant Reported Incident to EHO / Trading Standards | Yes: |  | No: | |  | | If Yes, Provide Details: | | |  | |

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| **COMPLAINANT DETAILS (CONTINUED)** | |
| If Applicable Other Complainant’s Details: |  |

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| **PRODUCT DETAILS** | |
| Name of Product: |  |

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| **CONSUMPTION DETAILS** | | | |
| Date Consumed: |  | Time Consumed: |  |
| Number of Portions Produced: |  | Number of Portions Consumed: |  |
| Delivery Temperature: |  | Storage Temperature: |  |
| Cooking Temperature: |  | Cooling Temperature (if applicable): |  |
| Hot Holding Temperature: |  | Service Temperature: |  |

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| **COMPLAINANT SYMPTOMS** | | | | | | |
| Vomiting | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Diarrhoea | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Headache | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Fever | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Abdominal Pain | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Nausea | Yes: |  | No: |  |  | |
| Start Date & Time: |  | | | | End Date & Time: |  |
| Other Symptoms | Yes: |  | No: |  | If Yes, What? |  |
| Start Date & Time: |  | | | | End Date & Time: |  |

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| **COMPLAINANT SYMPTOMS** | | | | | | | | | |
| Did They See A Doctor? | Yes: |  | No: |  | Did They Provide A Stool Sample? | Yes: |  | No: |  |
| *If they provided a stool sample, we should request evidence the of the results.* | | | | | | | | | |
| Have any family members/colleagues had similar symptoms? | | | | | | Yes: |  | No: |  |
| If Yes, What? |  | | | | | | | | |

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| **SUPPORTING INFORMATION AND EVIDENCE CHECKLIST** | | | | | | |
| Witness First Name: |  | | | Witness Surname: |  | |
| Contact Number: |  | | | | | |
| Witness Statement: |  | | | | | |
| Useful Evidence To Upload To AIR3 | | (✓) |  | | | (✓) |
| Delivery Note / Delivery Records | |  | Fridge and Freezer Temperature Records | | |  |
| Cooking, Cooling and Service Records | |  | Opening and Closing Checklists | | |  |
| Stool Sample Results (*If Provided*) | |  | Confirmation for Food History (*If Provided*) | | |  |

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| **Remember to ensure that you report any incidents to your line manager and follow the applicable escalation process. All Food Safety Incident must be reported on the AIR3 System as soon as possible, access is via Compass Connect or by using the QR Code provided.** | **Qr code  Description automatically generated** |