



Suspected Foodborne Illness Incident Report

Contact your AFSS immediately and provide the following information to your Nutrition Specialist (NS)

School Name: _____ Location Code: _____

Region (Check One): ☐ North ☐ South ☐ East ☐ West

Check One: ☐ Prep ☐ NNC

FSM Name: _____ FSM Phone: _____ AFSS Name: _____

Date of Incident: _____ Number of Portions Served: _____ Number that Ate Product: _____ Number of Ill Students: _____

Briefly Describe Incident (DO NOT LEAVE BLANK): _____

Attach photos of suspected products and their case labels. COLLECT AND SAVE ANY REMAINING PRODUCT to be sent for testing. DO NOT discard items or the cases the product came in until you receive instructions from Food Services. Hold the product, label "Do Not Use", date, and place in the proper storage area – freezer, refrigerator, or dry storage.

Gather the following information (AFSS & School Nurse may assist):

- 1) Product Information (use table on page 2; take photos of product case label information, if possible):
 - ☐ Product/Brand Names
 - ☐ Product Code, Lot Number, and/or Contract Number on Packaging
 - ☐ Pack Date or Date Code on Packaging
 - ☐ Expiration or Best By Date, if listed on packaging
 - ☐ Delivery Date and Quantity on Hand
- 2) Information Regarding Each Ill Student (use table on page 3):
 - ☐ Name
 - ☐ Age
 - ☐ Grade level and classroom number
 - ☐ List of all items consumed on campus
 - ☐ Where was the food sourced?
 - ☐ What time was the food consumed?
 - ☐ Symptoms experienced (i.e., nausea, vomiting, diarrhea, fever, abdominal cramps, headache, etc.)
 - ☐ Date of symptoms onset
 - ☐ Time of symptoms onset
 - ☐ How long did the symptoms last?
 - ☐ Determine if the student was sent back to class, home or taken to the hospital.
 - ☐ For students returning to class, which class did they return to?
 - ☐ For students sent home, when did students return to school?
 - ☐ Follow up on condition of hospitalized students and document when they return to school.
- 3) Copies of Logs for Period Product was Stored and Served:
 - ☐ Bell Schedule
 - ☐ Freezer & Refrigerator Temperature Logs
 - ☐ Production Records
 - ☐ Food Temperature Logs
 - ☐ Thermometer Calibration Log
- 4) Any unusual circumstances or practices (i.e., power outage, equipment failure, etc.) that could have resulted in food spoilage (current or recent past; identify equipment affected): _____
- 5) School Nurse Information:

Name: _____ Email: _____ Phone: _____

Please submit this report, along with requested information and photos to the NS for your Region.

North: Bobbie Diamond, MPH, RD bobbie.diamond@lausd.net

East: Kim Nguyen duyen.nguyen@lausd.net

South: Kayley Drain, MPH, RD kayley.drain@lausd.net

West: Ivy Marx, RD ivy.marx@lausd.net

Site Name & Loc. #: _____

Date Completed: _____

Product Information

Product Name & Brand	Product Code/Lot Number	Date on Case (If Applicable)	Date Delivered to Site	Storage Location	Quantity on Hand	Date & Time Thawing Started (If Applicable)	Date & Time Cooking Started (If Applicable)	Time Placed in Warmer	Quantity Served
Product Name: EXAMPLE: Fries	Product Code/Lot Number: 1005296901	Date: 3/8/27	4/28/25	<input checked="" type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Goods Storage	3 cases	Date: N/A	Date: 4/29/25	10:35 am	250 servings
Brand: Idahoan	Pack Date/Date Code: 3/8/25	Type: <input type="checkbox"/> Best By <input checked="" type="checkbox"/> Expiration <input type="checkbox"/> Use By				Time: N/A	Time: 10:15 am		
Product Name:	Product Code/Lot Number:	Date:		<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Goods Storage		Date:	Date:		
Brand:	Pack Date/Date Code:	Type: <input type="checkbox"/> Best By <input type="checkbox"/> Expiration <input type="checkbox"/> Use By				Time:	Time:		
Product Name:	Product Code/Lot Number:	Date:		<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Goods Storage		Date:	Date:		
Brand:	Pack Date/Date Code:	Type: <input type="checkbox"/> Best By <input type="checkbox"/> Expiration <input type="checkbox"/> Use By				Time:	Time:		
Product Name:	Product Code/Lot Number:	Date:		<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Goods Storage		Date:	Date:		
Brand:	Pack Date/Date Code:	Type: <input type="checkbox"/> Best By <input type="checkbox"/> Expiration <input type="checkbox"/> Use By				Time:	Time:		
Product Name:	Product Code/Lot Number:	Date:		<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Goods Storage		Date:	Date:		
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Brand:	Pack Date/Date Code:	Type: <input type="checkbox"/> Best By <input type="checkbox"/> Expiration <input type="checkbox"/> Use By				Time:	Time:		

Student Illness Information

Name (First & Last)	Age	Grade	Room Number	List of All Foods Eaten on Campus & Time Consumed (Identify where food sourced from, i.e., cafeteria, home, class party, etc.)		Symptoms (Include Date & Time of Onset)		Student Status (Mark which Occurred)		
								Sent Back to Class	Sent Home	Sent to Hospital
EXAMPLE: John Doe	6	1st	101	Breakfast: Home Waffle, Egg & Milk	Time: 7:30 am	Symptoms: Vomiting, stomachache, headache, fever			X	
				Lunch: Cafeteria Café LA Burger, Roasted Potato Wedges, Juice	Time: 11:45 am					
				Supper/Snack: N/A	Time: N/A	Date: 4/29/25	Time: 12:55 pm		Date Returned to School: 5/1/25	
				Breakfast:	Time:	Symptoms:				
				Lunch:	Time:					
				Supper/Snack:	Time:	Date:	Time:		Date Returned to School:	
				Breakfast:	Time:	Symptoms:				
				Lunch:	Time:					
				Supper/Snack:	Time:	Date:	Time:		Date Returned to School:	
				Breakfast:	Time:	Symptoms:				
				Lunch:	Time:					
				Supper/Snack:	Time:	Date:	Time:		Date Returned to School:	
				Breakfast:	Time:	Symptoms:				
				Lunch:	Time:					
				Supper/Snack:	Time:	Date:	Time:		Date Returned to School:	