



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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FOOD ILLNESS REPORT FORM

Use this page to file a report with Environmental Health Services if you believe that you became sick from eating or drinking something you consumed at a food establishment located within the County of San Luis Obispo. This form should be used to report illnesses associated with food prepared in retail food establishments located ONLY in the County of San Luis Obispo. Please complete the form below with as much detailed information as you can provide to help us investigate your complaint.

To report an illness caused by a PRE-PACKAGED food item, please contact the corresponding agency:

FDA: To report domestic and imported food products that do not contain meat or poultry, such as a cereal or bottled beverage-Toll-free nationwide: (888) 463-6332

USDA: To report domestic and imported meat, poultry and related products (meat or poultry contained in stews, pizza or frozen foods), and processed egg products- Toll-free nationwide: (800) 535-4555.

CONTACT INFORMATION

Form with fields for FIRST NAME, LAST NAME, AGE, PHONE NUMBER, EMAIL ADDRESS, ADDRESS, CITY, STATE, ZIP CODE, and a section for checking work fields: HEALTHCARE, CHILDCARE, EDUCATION, FOOD SERVICE, ELDERLY CARE, ANIMAL CARE.

FOOD SOURCE LOCATION INFORMATION

- 1. NAME OF BUSINESS:
2. BUSINESS ADDRESS (PLEASE INCLUDE CITY):
3. DATE THAT YOU ATE THE FOOD (MM/DD/YY): TIME YOU ATE: AM PM
4. HOW SOON AFTER EATING DID YOU BECOME SICK?
5. WHAT DID YOU EAT AT THE EVENT/FACILITY?
6. HOW MANY PEOPLE IN YOUR PARTY ATE AT THE EVENT/ FACILITY? NUMBER OF PEOPLE SICK:
7. WHAT FOOD ITEM DID ALL OF THE PEOPLE WHO BECAME ILL HAVE IN COMMON?
8. HOW MANY PEOPLE IN YOUR PARTY ATE THE COMMON FOOD?
9. DO ALL OF THE PEOPLE WHO BECAME ILL LIVE IN THE SAME HOUSE? YES NO
10. DID THOSE THAT BECAME ILL HAVE ANY PREVIOUS ACTIVITIES OR MEALS IN COMMON? YES NO
11. IF YES, PLEASE DESCRIBE (EXAMPLE: BIRTHDAY PARTY, VACATION, BREAKFAST....ETC.):
12. LIST THE NAMES OF ALL INDIVIDUALS IN YOUR PARTY WHO BECAME ILL: PLEASE INCLUDE A CONTACT PHONE NUMBER AND EMAIL ADDRESS FOR EACH PERSON.

*NOTE: ALL INDIVIDUALS WHO BECAME ILL NEED TO FILL OUT THEIR OWN FOOD ILLNESS REPORT FORM AND RETURN IT TO ENVIRONMENTAL HEALTH SERVICES.

DESCRIBE THE ILLNESS

1.	DATE YOU STARTED FEELING SICK (MM/DD/YY): _____	TIME: _____	AM	PM		
SYMPTOMS (CHECK ALL THAT APPLY)						
	DIARRHEA	ABDOMINAL CRAMPS	NAUSEA	HEADACHE	ABDOMINAL PAIN	DIZZINESS
	FEVER	VOMITING	MUSCLE ACHES	CHILLS	DOUBLE VISION	
OTHER SYMPTOMS : _____						
2.	DATE YOU STARTED VOMITING (MM/DD/YY): _____	TIME: _____	AM	PM		
3.	HOW MANY TIMES DID YOU VOMIT? _____	ARE YOU STILL VOMITING?	YES	NO		
4.	IF NO, DATE YOU STOPPED VOMITING (MM/DD/YY): _____	TIME: _____	AM	PM		
5.	DATE YOU STARTED TO HAVE DIARRHEA (MM/DD/YY): _____	TIME: _____	AM	PM		
6.	HOW MANY TIMES DID YOU HAVE DIARRHEA? _____	DO YOU STILL HAVE DIARRHEA?	YES	NO		
7.	IF NO, DATE YOU STOPPED HAVING DIARRHEA (MM/DD/YY): _____	TIME: _____	AM	PM		
8.	ARE YOU STILL SICK?		YES	NO		

MEDICAL SERVICES SOUGHT

1. DID ANY OF THE SICK PEOPLE SEEK MEDICAL CARE? YES NO
IF YES, LIST THE NAMES OF THE PEOPLE WHO SOUGHT MEDICAL CARE: _____

FOOD HISTORY

LIST ALL OF THE FOOD YOU HAVE CONSUMED WITHIN 3 DAYS PRIOR TO BECOMING ILL.
DETAILED INFORMATION WILL BE HELPFUL TO OUR INVESTIGATION.

1. LIST ALL FOOD YOU ATE **ON THE DAY** YOU BECAME ILL:
- MEAL 1: _____
- MEAL 2: _____
- MEAL 3: _____
- SNACKS: _____
2. LIST ALL FOOD YOU ATE THE **DAY BEFORE** YOU BECAME ILL:
- MEAL 1: _____
- MEAL 2: _____
- MEAL 3: _____
- SNACKS: _____
3. LIST ALL FOOD YOU ATE **TWO DAYS BEFORE** YOU BECAME ILL:
- MEAL 1: _____
- MEAL 2: _____
- MEAL 3: _____
- SNACKS: _____

OTHER INFORMATION

PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL MAY BE HELPFUL TO OUR INVESTIGATION: _____
