

# Food Poisoning Incident Report

**Date of Report****Time of Report****Restaurant Name/Location**

Restaurant Name/Location

**Reported by (Staff Name & Position)**

Name and Position

**Customer Name (if available)**

Customer Name

**Customer Contact Info (if available)**

Contact Info

**Date & Time of Incident****Description of Incident / Symptoms Reported**

Describe the incident and symptoms here

**Suspected Food Items**

List suspected dishes/items

**Action Taken by Restaurant**

Describe steps taken (e.g., removed items, notified manager, etc.)

**Witnesses (Staff or Customers)**

List names, if any

**Was External Authority Notified? (e.g., Health Department)**

Yes/No, Name of Authority, Date/Time

**Manager Signature**

Name and Signature

**Date**