

# 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**