

Food Poisoning Incident Report

General Information

Date of Incident
YYYY-MM-DD

Time of Incident
HH:MM

Location (Restaurant Name/Area)
Enter location

Name of Person Reporting
Full name

Contact Details
Phone / Email

Guest Details

Name(s) of Affected Guest(s)
Full names

Room Number(s)
Room numbers

Guest Contact Information
Phone / Email

Incident Details

Meals Consumed Prior to Illness (describe: date, time, dishes, location)

Describe meals consumed...

Symptoms Observed (e.g. nausea, vomiting, stomach pain, etc.)

Describe symptoms...

Time Between Meal and Onset of Symptoms
e.g. 4 hours

Medical Assistance Provided

Describe any first aid or medical treatment...

Investigation

Name(s) of Witnesses

Witness names

Immediate Action Taken

Describe actions taken immediately after the incident...

Findings & Observations

Describe any initial findings...

Supervisor's Comments

Supervisor's comments...

Date

YYYY-MM-DD

Name & Signature

Supervisor name & signature
