

Restaurant Food Safety Incident Documentation

Incident Overview

Date of Incident

Time of Incident

Location in Restaurant (e.g., Kitchen, Dining Area)

Type of Incident

Select type

People Involved

Staff Involved

Full names, if applicable

Customer(s) Involved (if any)

Name and contact, if available

Description of Incident

Detailed Description

Immediate Actions Taken

Follow-up & Reporting

Follow-up Actions/Recommendations

Reported To (e.g., Manager, Health Department)

Date Reported

Sign-off

Name of Person Completing Report

Date