

FOOD POISONING INFORMATION SHEET

Store Information

Date: _____	Manufacturer: _____
Clerk/Rep.: _____	Product: _____
Outlet: _____	Lot/Code/Expire: _____

Customer Information

Name: _____	Telephone: _____
Address: _____	email/fax: _____

Event Information

Is this an isolated event?	
<input type="checkbox"/> Yes: Forward sample to lab for analysis.	<input type="checkbox"/> No: Send unopened sample for analysis. Tag & remove remaining product from shelves
Note: DO NOT FREEZE, unless product is already frozen.	

Customer Questionnaire

How soon after eating the product did the person become ill? _____			
How long did the symptoms last? _____			
What were the symptoms?			
diarrhea	cramps	dizziness	fever
-watery	bloating	burning	chills
-explosive	gas	-stomach	coughing
-mucoid	nausea	- mouth	tingling
-bloody	vomiting		
Other: _____			

Laboratory Information

M.B. Laboratories Ltd	
Location: PO Box 2103 2062 W. Henry Ave. Sidney, B.C. V8L 5Y1	Tel: (250) 656-1334 Fax: (250) 656-0443 email: mblabs@pacificcoast.net