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?

☐ Yes:  Forward sample to lab for analysis.
☐ 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 - watery - explosive - mucoid - bloody
   cramps - bloating - gas - nausea - vomiting
   dizziness - burning - -stomach - - mouth
   fever - chills - coughing - tingling

Other: _____________________________________________________________

Laboratory Information

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