SUBWAY FOODBORNE ILLNESS INVESTIGATION REPORT FORM

IMPORTANT: Print, fill out and sign this form. Email a scanned copy to hr@teamschierl.com

GUEST INFORMATION

Guest Name: _____

Contact Phone Number: _____

Email Address: _____

Home Address: _____

INCIDENT INFORMATION

Date Complaint Received: _____

Date of Visit/Purchase: _____

Time of Visit/Purchase: _____

Location/Restaurant: _____

Associate Receiving Complaint: _____

ILLNESS DETAILS

Symptoms Reported

☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Fever
☐ Stomach Pain/Cramps
☐ Headache
☐ Other: _____

Date Symptoms Began

_____

_____

_____

Did the Guest seek medical treatment?

☐ No ☐ Yes

If yes:

Clinic/Hospital Name: _____

Was a diagnosis provided?

☐ No ☐ Yes ☐ Unknown

If yes, describe:

FOOD ITEMS CONSUMED

Please list all food and beverages consumed at Subway.

Approximate Time Food Was Consumed

OTHER FOOD CONSUMPTION

Did the Guest consume any other food within 72 hours before symptoms began?

☐ No ☐ Yes ☐ Unknown

If yes, describe:

ADDITIONAL INDIVIDUALS AFFECTED

Did anyone else become ill?

☐ No ☐ Yes ☐ Unknown

If yes, provide details:

INTERNAL INVESTIGATION

Food Handling Review

☐ Product Temperatures Checked
☐ Date Marking Verified
☐ Associate Illness Policy Reviewed
☐ Handwashing Practices Reviewed
☐ Cleaning/Sanitation Reviewed
☐ Supplier/Product Information Reviewed

Findings/Observations

Suspected Product(s)

Lot/Batch Information (if available)

Product Disposition

☐ Product Discarded
☐ Product Held for Review
☐ Product Sample Collected
☐ No Product Available

HEALTH DEPARTMENT

Was the Health Department contacted?

☐ No ☐ Yes

Reference/Case Number

_____

_____

_____

CORRECTIVE ACTION TAKEN - ROOT CAUSE OF THE INCIDENT

Select the primary root cause of the incident:

☐ **Environment** – The mechanical, physical, or equipment conditions were in need of maintenance or failed.

☐ **Knowledge** – There was a lack of education and/or ability to perform the job safely (e.g., insufficient training, unclear instructions, lack of experience).

☐ **Motivation** – There was a lack of desire to perform the work safely (e.g., rushing, taking shortcuts, not following procedures, complacency).

☐ **Other** – Please explain below.

REPORT COMPLETION

Report Completed By (Print Name): _____

Title: _____

Date Completed: _____

Signature: _____

SIGNATURES

Manager / Supervisor Signature

Signature: _____

Date: _____