**National Environmental Assessment Reporting System (NEARS)**

In spring 2017, a letter was sent to LBOHs by the Food Protection Program (FPP) requesting voluntary involvement in the CDC's NEARS program which is a nationwide surveillance system designed to capture environmental assessment data from foodborne illness outbreak investigations. Participating in NEARS can greatly assist Massachusetts and other states to prevent foodborne illness outbreaks. The NEARS data can be used to:

* Identify environmental causes of outbreaks.
* Take follow-up action to reduce or prevent future foodborne illness outbreaks.
* Evaluate food safety programs and make improvements based on established guidelines.
* Develop or modify program policies or regulations.
* Focus limited program resources on actions with the highest impact.

The CDC and national food safety partners recommend that all food safety programs use NEARS to improve food safety nationally. Environmental assessment data provided by LBOHs is critical to prevent and reduce future outbreaks. The CDC and its national food safety partners will use NEARS to analyze standardized data to understand how and why outbreaks occur, and share findings or recommend actions to better respond to outbreaks and prevent future ones.

Regulatory agencies, such as the FDA, can use information from NEARS to develop intervention strategies and to recommend regulations, such as updates to the Food Code. Food safety programs use this information during outbreak investigations, and on a daily basis, for issuing permits and inspecting restaurants and other facilities. The LBOH role in NEARS will be to complete the attached NEARS Parts I-IV, but ONLY IN THE EVENT OF AN OUTBREAK. The Food Protection Program will provide technical assistance to complete this form. Additional information about the NEARS program can be found at <https://www.cdc.gov/nceh/ehs/nears/>

**NEARS Part I: Establishment Description**

Collector’s Name: Establishment: Date:

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| --- |
| **1. Date the establishment was identified for an environmental assessment:** |
| **2. Date first contact with the establishment management:** |
| **3. Number of visits to the establishment to complete this environmental assessment:** |
| **4. Number of contacts with the establishment other than visits (for example, phone calls, phone interviews with staff, faxes, etc.) to complete this environmental assessment:** |
| **5. Facility type:**   |  |  |  |  | | --- | --- | --- | --- | | Camp | Daycare Center | Mobile Food Unit | Restaurant in Supermarket | | Caterer | Feeding Site | Nursing Home | School Food Service | | Church | Food Cart | Temporary Food Stand | Workplace Cafeteria | | Correctional Facility  Cottage/home-based food operation | Grocery Store  Hospital | Restaurant | Other (please describe) | |
| **6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?**  6a. Mark any of the following observed during the last routine inspection.   |  |  |  | | --- | --- | --- | | Improper hot/cold holding temperatures of foods (TCS/PHF)  Improper cooking temperatures of food | Soiled and/or contaminated utensils and equipment  Poor employee health and hygiene | Food from unsafe sources  Other | |
| **7. Was a translator needed to communicate with the kitchen manager during the environmental assessment?**  Yes No (if No, skip to #8) **a. Was a translator used to communicate with the kitchen manager?** Yes No |
| **8. Was a translator needed to communicate with the food workers during the environmental assessment?**    Yes No (if No, skip to #9) **a. Was a translator used to communicate with the food workers?** Yes No |
| **9. Establishment type *(select one)*:**   |  |  |  | | --- | --- | --- | | Prep Serve (no kill step at restaurant) | Cook Serve (at least 1 item prepared for same day service involves kill step) | Complex (at least 1 item requires kill step and holding beyond same day service) | |
| **10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?**  Yes No |
| **11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?** Yes No (If No, skip to #12)  **a. Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on the menu, on a sign)?** Yes No (If No, skip to #12)  **b. Where is the consumer advisory located?**  On a sign On menu footnote On menu in item description Other: |
| **12. Which of the options below best describes the menu for the establishment?**  American Chinese French Italian Japanese Mediterranean/Middle Eastern Mexican Thai  Other: |

**NEARS Part II: Manager Interview**

Collector’s Name: Establishment:

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| **Establishment—General** |
| **1. Please make note of how many minutes it takes to complete this section -Manager Interview:**  **2. Date the manager interview was conducted.** |
| **3. Is this an independent establishment or a chain establishment?**  Independent Chain Unsure  Refused |
| **4. Approximately how many meals are served here daily? Meals can be estimated using number of customers served or ticket orders.** Number of meals served daily (give number) Refused Unsure |
| **5. What is the establishment’s busiest day, in terms of number of meals served? *(Select one)***  Based on the manager’s response, only mark ONE day. If the manager responds that two or more days are the busiest days, reframe the question to ask if the manager had to choose just one day as the busiest, which would it be?  Monday Tuesday Wednesday Thursday Friday Saturday Sunday Refused Unsure |
| **6. Are any foods prepared or partially prepared at a commissary or any other location?**  Yes No Unsure Refused |
| **7. Other than daily specials, when was the last time food items were added to your menu(s)?**  No changes to menu items have occurred In the last WEEK In the last MONTH More than a month ago Unsure  Refused |
| **Questions about the Kitchen Managers** |
| *Read the following aloud for managers:*  **The next few questions focus on kitchen managers. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house**. |
| **8. Approximately how long have you been employed as a kitchen manager in this establishment?**  Less than 6 mo. 6 mo – less than 1 yr. 1 yr – less than 2 yr. 2 yr – less than 4 yr. 4 yr – less than 6 yr.  6 yr – less than 8 yr. 8 yr – less than 10 yr. 10 yr or more Refused Unsure |
| **9. Approximately how long have you worked as a kitchen manager?**  The response should include the time the person has worked as a kitchen manager at the **current establishment and any other food service establishments before the current one**.  Less than 6 mo. 6 mo – less than 1 yr. 1 yr – less than 2 yr. 2 yr – less than 4 yr. 4 yr – less than 6 yr.  6 yr – less than 8 yr. 8 yr – less than 10 yr. 10 yr or more Refused Unsure |
| **10. How many kitchen managers, including you, are currently employed in this establishment? If you are not sure, use your best guess.**  Number of managers (give number – please do not write “all”)  Unsure Refused |
| *Read the following aloud for managers:*  **The next few questions focus on the language-related knowledge and skills of all kitchen managers in your establishment. Please think about your language abilities and those of other kitchen managers in this establishment. For these questions, fluent means able to clearly, easily, and readily understand and communicate verbal messages in the language specified. If a manager is bilingual or trilingual please tell me all languages they speak fluently. For these questions, please make your best estimate if you do not know the exact answer.** |
| **11. What language(s) do you and other managers in this establishment speak fluently?**  English Spanish French Chinese (any dialect) Japanese Other |
| **12. What languages do you and other managers speak at work?**  English Spanish French Chinese (any dialect) Japanese Other |
| *Read the following aloud for managers:*  **The next few questions ask about kitchen manager food safety training and certification.** |
| **13. Do any kitchen managers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.**  Yes No (If No, skip to 14) Unsure (If Unsure, skip to 14) Refused (If Refused skip to 14)  **a. How many kitchen managers have had food safety training? If you aren’t sure, use your best guess.**  Number of managers (give number – please do not write “all”)  Unsure Refused  **b. What type of food safety training do kitchen managers (you) receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)**   A class / course taken at a university, community college, or culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)  A class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association’s ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/ StateFoodSafety.com, and the Always Food Safe Company.  On-the-job training (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.) |
| *Read the following aloud for managers:*  **The next few questions ask about kitchen manager food safety certification where you receive a certificate upon completion of the training course.** |
| **14. Are any kitchen managers, including you, food safety certified?**  Yes No (If No, skip to 15) Unsure (If Unsure, skip to 15) Refused (If Refused, skip to 15)  **a. How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI accredited program? These include National Restaurant Association’s ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/ StateFoodSafety.com, and The Always Food Safe Company. If you aren’t sure, use your best guess.**  Number of managers (give number – please do not write “all”)  Unsure Refused  **b. How often is a certified kitchen manager present during hours of operation? Is it all of the time, most of the time, some of the time, rarely, or none of the time?** All of the time Most of the time Some of the time Rarely None of the time Unsure Refused |
| **15. Does this establishment require that kitchen managers have a food safety certification?**  Yes No Unsure Refused |
| **Questions about Food Workers** |
| **16. How many food workers do you have? If you do not know the exact number, an estimate will be fine.**  Number of workers (give number – please do not write “all”)  Unsure Refused  **a. What language do food workers in this establishment speak fluently? (*Check all that apply*)**  English Spanish French Chinese (any dialect) Japanese Other  **b. What languages do food workers speak at work (*Check all that apply*)**  English Spanish French Chinese (any dialect) Japanese Other  **c. Do any food workers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.** Yes No (If No, skip to 17) Unsure (Is Unsure, skip to 17) Refused (If Refused, skip to 17)  **c1. How many food workers have had food safety training? Please make your best estimate if you do not know the exact number.**  Number of workers (give number – please do not write “all”) Unsure Refused  **c2. What type of food safety training do food workers receive? (*Check all that apply*)**  A class / course taken at a university, community college, or culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)  A class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association’s ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/ StateFoodSafety.com, and The Always Food Safe Company LLC.  On-the-job training (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.) |
| **Questions about Policy** |
| *Read the following aloud for managers:*  **Now I’m going to ask you some questions about policies you have in this establishment. Food safety policies can be verbal and part of on-the-job or other type of training or they may be written documents that state the policy.** |
| **17. Does this establishment have a cleaning policy or schedule for:**  **a. Cutting boards?**   |  |  | | --- | --- | | Yes  *a1. Is this a written policy?* *Yes* *No* *Unsure* *Refused* | No Unsure Refused N/A |   **b. Food slicers?**   |  |  | | --- | --- | | Yes  *b1. Is this a written policy?* *Yes* *No* *Unsure* *Refused* | No Unsure Refused N/A |   **c. Food preparation tables?**   |  |  | | --- | --- | | Yes  *c1. Is this a written policy?* *Yes* *No* *Unsure* *Refused* | No Unsure Refused N/A |   **d. Frequency touched customer surfaces like menus, tables, and condiments?**   |  |  | | --- | --- | | Yes  *d1. Is this a written policy?* *Yes* *No* *Unsure* *Refused* | No Unsure Refused N/A | |
| **18. Does this establishment have a policy for disposable glove use?**   |  |  | | --- | --- | | Yes  a. Does the glove policy require that food workers wear gloves?  *a1. When they have cuts or other injuries?* *Yes* *No* *Unsure* *Refused*  *a2. When handling ready-to-eat foods?* *Yes* *No* *Unsure* *Refused*  *a3. When handling raw meat or poultry?* *Yes* *No* *Unsure* *Refused*  *a4. At all times while working in the kitchen?* *Yes* *No* *Unsure* *Refused*  b. Is the policy written? *Yes* *No* *Unsure* *Refused* | No Unsure Refused N/A | |
| **19. Does this establishment have a policy for cleaning up after someone has vomited or had diarrhea in the establishment?** Yes No Unsure Refused  **a. Is this policy written?** Yes No Unsure Refused |
| **Questions about Food Temperatures** |
| *Read the following aloud for managers:*  **The next few questions refer to actual food temperatures, not the ambient temperatures where food is stored. The questions refer to temperatures taken using a thermometer.** |
| **20. Does this establishment have a policy to take the temperature of any incoming food products?**  Yes No Unsure Refused |
| **21. Excluding incoming products, does this establishment have a policy to take food temperatures?**  Yes No Unsure Refused |
| **Questions about Employee Health Policies** |
| *Read the following aloud for managers:*  **Now I’d like to ask you a few questions about worker health policies. Again, I am asking about policies that apply to staff who primarily work with food—not staff who have no or very limited food handling responsibilities.** |
| **22. When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?**  This question describes whether or not employees are specifically asked about their symptoms (for example, vomiting, diarrhea, fever, etc.). Sometimes employees may volunteer this information, but this question is very specific to the manager asking employees about specific symptoms.  Yes No Unsure Refused |
| **23. Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?**   |  |  | | --- | --- | | Yes | No Unsure Refused | | *a. Is this policy in writing?* *Yes* *No* *Unsure* *Refused*  *b. Does this policy require ill works to tell managers what their symptoms are?* *Yes* *No* *Unsure* *Refused*  *c. Does this policy specify certain symptoms that ill workers are required to tell managers about?*  *Yes* *No* *Unsure* *Refused*  *c1. What are those symptoms? (Check all that apply?)*  Vomiting Diarrhea Jaundice (yellow skin or eyes) Sore throat with fever  A lesion containing pus (ex: boil or infected wound) Other | | |
| **24. Does this establishment have a policy or procedure to restrict or exclude ill workers from working? By restrict I mean the worker can work, but is not allowed to handle food, and by exclude I mean the worker does not work at all.**   |  |  | | --- | --- | | Yes | No Unsure Refused | | *a. Is this policy in writing?* *Yes* *No* *Unsure* *Refused*  *b. Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working?*  *Yes* *No* *Unsure* *Refused*  *b1. What are those symptoms? (Check all that apply?)*  Vomiting Diarrhea Jaundice (yellow skin or eyes) Sore throat with fever  A lesion containing pus (ex: boil or infected wound) Other | | |
| *Read the following aloud for managers:*  **The next few questions focus on the food worker and manager sick leave policy. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house and food workers who are employees that work in the kitchen.** |
| **25. Do any kitchen managers (including you) ever get paid when they miss work because they are ill?**   |  |  | | --- | --- | | Yes | No Unsure Refused | | *a. How many kitchen managers get paid when they miss work because they are ill?*  *Please make your best estimate if you do not know the exact number.* ***Do not write “all”.*** *Unsure* *Refused* | | |
| **26. Do any food workers ever get paid when work is missed because they are ill?**   |  |  | | --- | --- | | Yes | No Unsure Refused | | *a. How many food workers get paid when they miss work because they are ill?*  *Please make your best estimate if you do not know the exact number.* ***Do not write “all”.***  *Unsure* *Refused* | | |
| **27. Have any practices or policies changed since you were first notified about a potential problem in your restaurant?**   |  |  | | --- | --- | | Yes | No Unsure Refused N/A | | *a. What were those changes?* | | |
| End of Manager Interview – **Please return to Question 1 to record time** |

**NEARS Part III: Establishment Observations**

Collector’s Name: Establishment:

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| **Establishment—General Observations** |
| **1. Please make note of how many minutes it takes to complete this section – General Observations:**  **2. Date the observations were initiated:** |
| **3. How many hand sinks are in or adjacent to the employee restrooms?**  a. Is warm water (minimum 100ºF) available at all employee restroom hand sinks?  Yes No (*Specify # without)*  b. Is soap available at (or near) all employee restroom hand sinks?  Yes No (*Specify # without)*  c. Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks?  Yes No (*Specify # without)* |
| **4. How many hand sinks are located in the work area(s)?**  a. Is warm water (minimum 100ºF) available at all hand sinks in the work area?  Yes No (*Specify # without)*  b. Is soap available at (or near) all hand sinks in the work area?  Yes No (*Specify # without)*  c. Are paper or cloth drying towels available at (or near) all hand sinks in the work area?  Yes No (*Specify # without)* |
| **5. Are food workers observed washing their hands using water, soap, appropriate drying methods and for the appropriate amount of time?** Yes No |
| **6. How many cold storage units are in the establishment?** *a. Which types of units do you observe?* *(Check all that apply)*  Reach in Walk-in Self-Serve / Salad Bar Open-top units Other |
| **7. Are any foods observed in cold holding?**   |  |  | | --- | --- | | Yes  *a. Are the temperatures of all foods measured in cold holding at 41ºF or below?*  *Yes*  *No* | No N/A | |
| **8. Which of the following practices, if any, are observed during this visit? *(Check all that apply)***   |  |  | | --- | --- | | Bare hands touch non-RTE food  Bare hands touch RTE food  Gloved hands touch non-RTE food | Gloved hands touch RTE food  Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil)  No food handling was occurring | |
| **9. Is there a supply of disposable gloves available in the establishment?** Yes No |
| **10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded?** Yes No N/A |
| **11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded?** Yes No N/A |
| **12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods?**   |  |  | | --- | --- | | Yes  Describe: | No N/A | |
| **13. Is there any evidence of cooling of hot foods observed in this establishment?**   |  |  | | --- | --- | | Yes | No N/A | | *a. What cooling methods are used:*  Portioning into smaller pans and cooled in regular cooler  Portioning into smaller pans cooled in blast chiller  Use ice as an ingredient  Using ice bath for food container before cooling in regular cooler | Using ice bath for food container before cooling in blast chiller  Using ice wands before cooling in regular cooler  Using ice wands before cooling in blast chiller  Other | | *b. Are the cooling methods properly implemented?* *Yes* *No* | | |
| **14. Are any foods observed in hot holding?**   |  |  | | --- | --- | | Yes  *a. Are the temperatures of all foods measured in hot holding at 135°F or above?*  *Yes* *No* | No Could not observe | |
| **15. Are any foods observed during cooking?**   |  |  | | --- | --- | | Yes  *a. Are the temperatures of all foods measured during cooking at or above the recommended temperatures?*  *Yes* *No* | No N/A | |
| **16. Are there any thermometers observed in food preparation areas to measure internal food temperatures?**   |  |  | | --- | --- | | Yes  *a. Are any thermometers observed being used?* *Yes* *No* | No N/A | |
| **17. Are any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? *(Check all that apply)***   |  |  | | --- | --- | | Wiping cloths  *Are all wet wiping cloths stores in sanitizer solution between uses?*  Yes No Not in use  Sanitizer buckets  Spray bottle  *Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in proper range?*  Yes No Not in use | Disposable sanitizer wipes  None of the items were present  Other | |
| **18. Which of the following methods does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? *(Check all that apply)***  Mechanical washing machine  *a. Does the wash cycle reach the temperatures recommended for the mechanical washing machine?*  Yes No Mechanical washing not occurring  *b. How is sanitization achieved?*   |  |  | | --- | --- | | Heat  *b1. Does the sanitizing cycle reach the temperatures recommended for sanitization?*  Yes No Out of order  Mechanical washing not occurring | Chemical  *b2. Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?*  Yes No Out of order  Mechanical washing not occurring |   Manual Washing  *c. What type of sink is used for manual washing?* *(Check all that apply)*  3-Compartment 2-Compartment Other  *d. Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly?*   |  |  | | --- | --- | | Yes  No, steps not in proper order  No, did not wash properly  No, did not sanitize properly | No, did not air dry  No, did not rinse  Manual washing was not occurring  Other |   Other type of washing |
| **19. Did you observe signs and instructions posted in the establishment?**   |  |  | | --- | --- | | Yes | No | | *a. Did any signs or posted instructions use pictures or symbols to communicate a message?* Yes No  *b. What languages do you observe on signs or instructions posted for food workers? (Check all that apply)*  English Spanish French Chinese (any dialect) Japanese No written words  Other | | |
| **20. Do you observe any of these items for responding to vomit and/or diarrheal incidents?  *(Check all that apply)***   |  |  | | --- | --- | | Bleach  Disinfectant effective against norovirus surrogate  Personal protective equipment (ex: gloves or goggles/glasses or mask)  Absorbent powder/solidifier | Directions for vomit/diarrhea cleanup  None of these items were present  Other |   a. Are any of these located together (ex: in a kit)? Yes No |
| **21. Are there any differences in the physical facility, food handling practices you observed on your initial visit, and/or other circumstances that were different at the time of exposure?**   |  |  | | --- | --- | | Yes | No | |
| **22. Record any additional comments** |
| **23. Is a certified kitchen manager present at the time of data collection? *(Check all that apply)***   |  |  |  | | --- | --- | --- | | Yes, ANSI certification  Yes, other certification  Yes, certification not available | No  Unsure  Certification is not current | No, but establishment has certified kitchen manager on staff | |
| **24. Does the establishment have a written health policy or procedure?**   |  |  | | --- | --- | | Requires food workers to tell a manager when they are ill  Requires ill workers to tell managers what their symptoms are  Applies to kitchen manager  Applies to food workers | Restricts ill works from working  Excludes ill workers from working  Includes a record to track employee illness  (ex: on schedule or log)  Employee health policy not in use | | Specifies certain symptoms that ill workers are required to tell managers about  *Check all symptoms specified*  Vomiting Diarrhea Jaundice (yellow skin or eyes) Sore throat with fever  A lesion containing pus (ex: boil or infected wound) Other | | |
| End of Observations – **Please return to Question 1 to record time** |

**NEARS Part IV: Suspected/Confirmed Foods**

Complete part IV for **each** suspected or confirmed food if applicable (i.e. use multiple copies of Part IV to record each suspected or confirmed food). If the suspected or confirmed food is a multi-ingredient item, please provide information for each ingredient on additional sheets provided. Contact the Food Protection Program with any questions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is the name of the suspected or confirmed ingredient/food vehicle? (ex: lettuce or bacon cheeseburger)  2. Is this food a single specific ingredient (ex: ground beef or lettuce) or multi-ingredient (ex: hamburger sandwich, or a garden salad)? Single Ingredient Multi-ingredient   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | a1. Name of ingredient #1:  b1. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: N/A  c1. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Manufacturer/Processor | Establishment | Customer | N/A | Unknown |   d1. Select the best description of the ingredient upon arrival at the food service establishment:   |  |  | | --- | --- | | Raw, whole nonfrozen (ex: green beans)  Raw, frozen (ex: frozen corn)  Dried | Commercially processed fresh product (ex: bagged lettuce)  Commercially Processed – canned  Unknown | |   3. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption?  Complex 1: Involved a kill step, followed by holding beyond same-day service.  Complex 2: Involved a kill step, followed by holding and cooling.  Complex 3: Involved a kill step, followed by holding, cooling, and re-heating.  Complex 4: Involved a kill step, followed by holding, cooling, freezing, and re-heating.  Cook Serve: Involved a kill step and may be followed by hot holding but is prepared for same day service.  Prep Serve: Did NOT involve a kill step. It may include heating commercially prepared foods for service. |

**Suspected or confirmed multi-ingredient/food vehicle if more than one**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| a2. Name of ingredient #2:  b2. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: N/A  c2. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Manufacturer/Processor | ☐Establishment | ☐Customer | N/A | ☐Unknown |   d2. Select the best description of the ingredient upon arrival at the food service establishment:   |  |  | | --- | --- | | Raw, whole nonfrozen (ex: green beans)  Raw, frozen (ex: frozen corn)  Dried | Commercially processed fresh product (ex: bagged lettuce)  Commercially Processed – canned  Unknown | |
| a3. Name of ingredient #3:  b3. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: N/A  c3. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Manufacturer/Processor | ☐Establishment | ☐Customer | N/A | ☐Unknown |   d3. Select the best description of the ingredient upon arrival at the food service establishment:   |  |  | | --- | --- | | Raw, whole nonfrozen (ex: green beans)  Raw, frozen (ex: frozen corn)  Dried | Commercially processed fresh product (ex: bagged lettuce)  Commercially Processed – canned  Unknown | |
| a4. Name of ingredient #4:  b4. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: N/A  c4. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Manufacturer/Processor | ☐Establishment | ☐Customer | N/A | ☐Unknown |   d4. Select the best description of the ingredient upon arrival at the food service establishment:   |  |  | | --- | --- | | Raw, whole nonfrozen (ex: green beans)  Raw, frozen (ex: frozen corn)  Dried | Commercially processed fresh product (ex: bagged lettuce)  Commercially Processed – canned  Unknown | |