

Ref Number:	Intake Date:	Intake Staff::	Referred to Agency:	Referred to Individual:	Record #
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NH Department of Health and Human Services  
Communicable Disease Surveillance Section  
29 Hazen Drive  
Concord NH 03301

# INCIDENT REPORT

**Close Date:**

<b>Nature of Contact:</b>	<b>Communication Type:</b>
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<b>Informant:</b>	<b>Establishment:</b> Establishment Number
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<b>Illness / Injury</b> <b>Suspect Meal Consumed:</b>  <b>Date and Time of Consumption:</b> _____ <b>Date and Time of Illness Onset:</b> _____ <b>Duration of Illness:</b> _____ <b>Number of People Ill:</b> _____ <input type="checkbox"/> Did the individual visit a doctor? <b>Date of visit to Physician:</b> _____ <b>Physician Name:</b> _____ <b>Physician Phone:</b> _____ <input type="checkbox"/> Was Person Hospitalized? Date Admitted _____ <b>Hospital Name:</b> _____ <b>Hospital Phone:</b> _____ <input type="checkbox"/> Stool specimen collected? Specimen Date _____	<b>Symptoms</b> <input type="checkbox"/> Nausea <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Muscle / Body Aches <input type="checkbox"/> Chills <input type="checkbox"/> Severe Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Abdominal Cramps <input type="checkbox"/> Diarrhea    No. of watery stools in 24 hour period <input type="text"/> <input type="checkbox"/> Fever    Highest Temperature <input type="text"/> <input type="checkbox"/> Other <b>Specify:</b>
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Food History (include liquids)				
	Breakfast	Lunch	Supper	Other
48 Hours prior to illness date				
24 Hours prior to illness date				
Day of Illness				

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### Contamination by Foreign Object / Material

Description:	
Product Name:	
Brand Name:	Other Markings or Codes:
Manufacturer Name and Address:	Mfg Sell by Date:
	Date Purchased:
	Where Purchased:
<input type="checkbox"/> Did informant contact establishment?    Amount remaining: _____	
<input type="checkbox"/> If food, was it consumed?    Where is the remainder located? _____	

### Sanitation

Type of Complaint:	<i>Description of complaint:</i>

### Disaster / Event

Type of Disaster / Event:	Type of Disruption:
<u>Specify Other:</u>	

### Follow up:

Inspection Date:	Inspection Findings:	<input type="checkbox"/> 2nd inspection required?
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### General Comments:

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