

# Foodborne Illness Investigation: Food Worker Interview

Name of establishment: \_\_\_\_\_  
 Food worker name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home County: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Public Health Interviewer: \_\_\_\_\_ Interview Date: \_\_\_\_\_

*Note to Interviewer.* When interviewing the employee, please gather information for a two-week period prior to the date initial transmission was suspected, up to the date of the interview. It may be helpful to refer to a calendar during the interview.

**I. Date Range / Time of Concern:**

\_\_\_\_\_ ← \_\_\_\_\_ → \_\_\_\_\_  
 Two weeks prior      Date initial transmission was suspected      Date of interview

**II. Work History and Practices:**

1. How long have you worked at this establishment? \_\_\_\_\_
2. Describe your job duties at this establishment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. When did you work at this food service establishment during the time of concern? (date and hours worked)  
*(If you have access to employee timesheets, try to compare the employee's response to the timesheets.)*

Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____

4. Did you handle/prepare any foods during the time of concern?       Yes     No     Unknown  
**\*\*If Yes: list foods on the food preparation history table at the end of this form**

5. Did you eat any foods prepared at this facility during the time of concern?       Yes     No     Unknown  
**If Yes:** Indicate foods eaten and dates: \_\_\_\_\_  
 \_\_\_\_\_

6. Have you received food safety training with this job or at another job?       Yes     No     Unknown  
**If Yes:** Describe training: \_\_\_\_\_  
 \_\_\_\_\_

7. Do you wear gloves when handling ready-to-eat foods (that is, foods that are not cooked before serving)?  
 Yes     No     Unknown

8. Do you ever have bare hand contact with ready to eat foods?  **Yes**  **No**  **Unknown**

**If Yes:** List ready-to-eat foods that have bare hand contact: \_\_\_\_\_

9. Describe your hand washing practices (i.e., how often, when, before putting on gloves, do you always use soap, do you turn the faucets off with a paper towel, etc.)? \_\_\_\_\_

10. If you prepare drinks for customers, describe how you fill the glass with ice: \_\_\_\_\_

11. Describe how you handle lemons, limes, and any other drink garnishes for customer beverages: \_\_\_\_\_

12. What other jobs do you have (outside of this facility)? \_\_\_\_\_

Do you handle or prepare food at any of these jobs?  **Yes**  **No**  **Unknown**

**If Yes:** What is the name of the places where you handle or prepare food, and where are they located? \_\_\_\_\_

### III. Illness

1. Do you know of any coworkers or other people sick with gastrointestinal illness during the time of concern?

**Yes**  **No**  **Unknown**

**If Yes:** Who? \_\_\_\_\_

2. During the time of concern, did you see any coworkers or customers vomit, or hear about any episodes of vomiting anywhere in the facility?  **Yes**  **No**  **Unknown**

**If Yes:** Describe who vomited, when it occurred, and where it occurred: \_\_\_\_\_

3. During the time of concern, did you have any cuts on your hands or arms, or have a skin infection?

**Yes**  **No**  **Unknown**

4. Did you have any of the following symptoms during the time of concern?

Nausea:	Y	N	U	
Chills:	Y	N	U	
Fever:	Y	N	U	(Temp: _____)
Vomiting:	Y	N	U	
Headaches:	Y	N	U	
Abdominal cramps/pain:	Y	N	U	
Muscle aches:	Y	N	U	
Diarrhea:	Y	N	U	
Bloody diarrhea:	Y	N	U	
Other:	_____			

**If Yes** to diarrhea or bloody diarrhea: Maximum number of episodes in a 24-hour period \_\_\_\_\_

If **Yes** to any of the above symptoms, answer the following questions:

When did the symptoms start? Date and time: \_\_\_\_\_  
When did the symptoms end? Date and time: \_\_\_\_\_

Did you see a doctor or go to the hospital?  **Yes**  **No**  **Unknown**

If **Yes**: Who was your healthcare provider? \_\_\_\_\_ Diagnosis? \_\_\_\_\_  
Name of clinic/hospital? \_\_\_\_\_ Date of visit? \_\_\_\_\_  
Was a stool specimen taken?  **Yes**  **No**  **Unknown** Test result? \_\_\_\_\_

Did you work while you were ill?  **Yes**  **No**  **Unknown**

If **Yes**: What dates? \_\_\_\_\_  
Did you vomit while at work?  **Yes**  **No**  **Unknown**  
Did you have diarrhea while at work?  **Yes**  **No**  **Unknown**  
Did you notify your employer of your illness?  **Yes**  **No**  **Unknown**  
If **Yes**: Did your employer modify your job?  **Yes**  **No**  **Unknown**  
If **Yes**: How did your employer modify your job? \_\_\_\_\_

If you did not work when you were ill, when did you return to work after being ill? \_\_\_\_\_

Was anyone in your household ill in the two weeks before or after your illness?  **Yes**  **No**  **Unknown** If **Yes**: Who in your household was ill (list names, ages, and relationships)? \_\_\_\_\_

What symptoms did the person(s) experience? \_\_\_\_\_

When did the symptoms begin? Date and time: \_\_\_\_\_

When did the symptoms end? Date and time: \_\_\_\_\_

Did any of these persons see a doctor or go to the hospital?  **Yes**  **No**  **Unknown**

If **Yes**: Diagnosis: \_\_\_\_\_

Was a stool specimen taken?  **Yes**  **No**  **Unknown** Test result? \_\_\_\_\_

If household member was/is ill, what is their occupation? \_\_\_\_\_

Does anyone in your household attend/work in childcare or work in a food service establishment?

**Yes**  **No**  **Unknown**

If **Yes**, who and location: \_\_\_\_\_

Do you know of any coworkers or other people sick with a similar illness during the time of concern?

**Yes**  **No**  **Unknown**

If **Yes**, who? \_\_\_\_\_

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**\*\*To be completed by Public Health\*\***

Is the health department testing this food worker?  **Yes**  **No**  **Unknown**

**If Yes:**

Was a rectal swab obtained onsite?  **Yes**  **No**  **Unknown**

Was the worker provided with a stool collection kit?  **Yes**  **No**  **Unknown** Date kit distributed: \_\_\_\_\_

- Provide the food worker with specimen collection instructions and your business card.
- Instruct food worker that the stool must be submitted within 48 hours or the worker may be excluded from work.

Employee's name and collection date must be on the specimen container.

Employee's name, collection date and time, date of birth, address, and outbreak code must be on the lab submission form.

## Employee's Food Preparation History

Employee's Name: \_\_\_\_\_

Obtain the employee's work schedule and a calendar to help jog memory.

Food Item	Date Prepared	Role in preparation/tasks performed related to food item

# Foodborne Illness Investigation: Retail Food Establishment Management Interview

Name of establishment: _____	
Address of establishment: _____	
Phone: _____	Fax: _____
Manager or name of employee interviewed: _____	
Public Health Interviewer: _____	Interview Date: _____

*Note to Interviewer:* When interviewing the manager, please gather information for a two-week period prior to the date initial transmission was suspected, up to the date of the interview. It may be helpful to refer to a calendar during the interview. Please mark yes (Y), no (N), or unknown (U) for each question, as indicated. **In addition to this form, managers should also be interviewed with the "Food Worker Interview" form since managers may participate in food handling.**

**I. Date Range / Time of Concern:**



**II. General Information:**

1. Is there a corporate office for this establishment?  Y    N    U

**If Yes:** What is the name? \_\_\_\_\_

Who should be our contact there? \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Does this establishment have any other locations?  Y    N    U

**If Yes:** List locations: \_\_\_\_\_

3. Have you had any complaints **from customers** about illness (including diarrheal illness, vomiting, or other illness) after eating at this establishment during the time of concern?  Y    N    U

**If Yes:** Provide customer name(s) and contact information: \_\_\_\_\_

4. During the time period of concern, did you see any employees or customers vomit in or around the establishment, or hear about any episodes of vomiting anywhere in the establishment?  Y    N    U

**If Yes:** Describe who vomited, when it occurred, and where it occurred: \_\_\_\_\_

Describe how the vomit was cleaned up, including cleaners/sanitizers/disinfectants used: \_\_\_\_\_

5. During the time period of concern, do you know of any employees who had cuts on their hands or arms, or had a skin infection?  Y    N    U

**If Yes:** Describe who and the situation: \_\_\_\_\_

6. Can you provide me with a copy of the menu?  Y    N    U

7. Approximately how many meals are served at this restaurant daily? \_\_\_\_\_

**III. Policies and Training:**

1. Do you have a **written** sick leave policy?  Y  N  U  
**If Yes:** Are the employees aware of the policy?  Y  N  U  
Would you make me a copy of the policy?  Y  N  U  
Describe the policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you ensure that employees follow the policy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you monitor for sick employees? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do employees receive paid sick leave?  Y  N  U

4. Are food handlers aware of the importance of not working while ill with diarrhea and/or vomiting?  Y  N  U

5. Do you have a **written** hand washing policy?  Y  N  U  
**If Yes:** Are the employees aware of the policy?  Y  N  U  
Would you make me a copy of the policy?  Y  N  U  
Describe the policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you ensure that employees follow the policy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do food handlers and other staff (like bartenders and wait staff) that handle ready-to-eat foods wear gloves? (Ready-to-eat foods refers to foods that are not cooked prior to serving, like salads, sandwiches, sushi, garnishes on plates, lemons and limes in drinks, etc.)  Y  N  U

**If Yes:** How do you ensure that the staff follows the proper procedure for wearing gloves? \_\_\_\_\_  
\_\_\_\_\_

**If No:** If gloves are not worn, how does staff avoid hand contact with ready-to-eat food including lemons and limes for garnish? \_\_\_\_\_  
\_\_\_\_\_

7. Do you have a policy in place about washing produce, including melons, avocados, and other produce with a peel, prior to cutting?  Y  N  U  
**If Yes:** Describe policy: \_\_\_\_\_  
\_\_\_\_\_

8. How often do you review the above policies with your employees? \_\_\_\_\_  
\_\_\_\_\_

9. Do you have a food safety training program for employees?  Y  N  U  
**If Yes:** What topics are discussed (i.e., food temperatures, cooling procedures, reheating procedures, hand washing, and sanitizing)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How often is food safety reviewed with longer term staff? \_\_\_\_\_

**IV. Employees:**

*Note to Interviewer:* Ask the manager to provide a list of all employees, their job duties, and their work schedules and time sheets for the time of concern on a separate sheet of paper. Complete the "Foodborne Illness Investigation: Food Worker Interview" form for each manager or employee who prepared food within the time of concern.

1. How many total employees work at this establishment? \_\_\_\_\_  
How many employees have direct food handling duties? \_\_\_\_\_

2. Have any employees been ill during the time of concern?  Y  N  U  
**If Yes:** Do any of those employees work directly with food?  Y  N  U

List employees who were ill, when they were ill, symptoms, and work duties at time of illness:  
Employee: \_\_\_\_\_ Illness dates: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Work duties: \_\_\_\_\_

Employee: \_\_\_\_\_ Illness dates: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Work duties: \_\_\_\_\_

3. Have temporary employees worked at this establishment during the time of concern?  Y  N  U  
**If Yes:** Were these temporary employees hired from another restaurant or agency?  Y  N  U  
What is the restaurant or agency name, and who were the employees? \_\_\_\_\_

4. Do employees from any of your other locations ever work at this facility?  Y  N  U  
**If Yes:** What location(s)? \_\_\_\_\_  
List employees that worked at this location during the time of concern and days/shifts worked:  
\_\_\_\_\_  
\_\_\_\_\_

5. Do any of your employees work at different restaurants or jobs where they handle food?  Y  N  U  
**If Yes:** List the employees and the other places they work (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do managers or other staff that don't typically work in the kitchen ever help with food preparation or food handling?  Y  N  U  
**If Yes:** Which managers or staff did food preparation during the time of concern? \_\_\_\_\_  
\_\_\_\_\_

(ensure that these persons are interviewed with the Food Worker Interview form)

**V. Water and Sewer:**

1. What is the establishment's source of potable/drinkable water?  Municipal  Well  Unknown

2. What is the establishment's sewage disposal method?  Municipal/city sewer  Septic  Unknown

3. Have you had sewer backups, flooding, or other plumbing problems during the time of concern?  Y  N  U  
**If Yes:** When did it happen? \_\_\_\_\_  
Where did it happen? \_\_\_\_\_  
How was it cleaned up? \_\_\_\_\_  
Who cleaned it up? \_\_\_\_\_  
If professionally repaired or cleaned, may I review the work order and/or receipt for work?  Y  N  U

4. Have you had any plumbing fixtures changed out recently?  Y  N  U  
**If Yes:** Which fixtures were changed and when? \_\_\_\_\_  
\_\_\_\_\_

**VI. Food Preparation Practices**

1. Do you monitor food temperatures when cooking?  Y  N  U  
**If Yes:** How? \_\_\_\_\_

2. Do you cool any foods?  Y  N  U  
**If Yes:** Do you monitor temperatures when cooling?  Y  N  U  
Describe cooling process: \_\_\_\_\_

3. Do you reheat any foods?  Y  N  U  
**If Yes:** Do you monitor temperatures when reheating?  Y  N  U  
Describe reheating process: \_\_\_\_\_

4. Do you keep a temperature log on specific food items?  Y  N  U  
**If Yes:** May I have a copy?  Y  N  U

5. Do you keep a temperature log for the temperature of refrigeration units?  Y  N  U  
**If Yes:** May I have a copy?  Y  N  U

6. Do you carry food items over from one day to the next?  Y  N  U  
**If Yes:** List which foods: \_\_\_\_\_

7. Are any foods prepared at another location (e.g., commissary kitchen, home) and served at this establishment?  Y  N  U  
**If Yes:** Which foods? \_\_\_\_\_  
Where are these foods prepared (include name, location, and phone number): \_\_\_\_\_

8. Do you use raw egg in any menu items that are not cooked (like in sauces or dressings that are not cooked after the raw egg is added)?  Y  N  U  
**If Yes:** List items that contain raw eggs: \_\_\_\_\_

9. Do you serve any raw or undercooked meats, seafood/fish, or poultry?  Y  N  U  
**If Yes:** List raw or undercooked seafood/meats/poultry that are served: \_\_\_\_\_



**VII. Sanitizing / Equipment**

1. Do you have any new equipment that has been installed during the time of concern?  Y  N  U  
**If Yes:** What was installed and when was it installed? \_\_\_\_\_  
\_\_\_\_\_

2. What type of sanitizer do you use on food contact surfaces? \_\_\_\_\_  
What is the required concentration? \_\_\_\_\_  
Do you have test strips to check it?  Y  N  U

3. How do you wash dishes?  **Three compartment sink**  **High temp machine**  **Machine with sanitizer**

**Three compartment sink:** describe the process of washing dishes and what is in each compartment:  
\_\_\_\_\_  
\_\_\_\_\_

**High temp machine:** what is the required high temperature? \_\_\_\_\_  
How often is the temperature on the machine checked? \_\_\_\_\_

**Machine with sanitizer:** what is the required concentration? \_\_\_\_\_  
Do you have test strips to check it?  Y  N  U

4. Do you have a pest control program?  Y  N  U  
**If Yes:** Who do you use (company name)? \_\_\_\_\_  
How often do they come? \_\_\_\_\_  
When was their last visit? \_\_\_\_\_

**VIII. Miscellaneous**

1. Do you have any leftover food from the time of concern?  Y  N  U  
(\***If Yes:** public health should embargo suspect food items and save for possible laboratory testing.)

2. Has this facility catered any events within the time of concern?  Y  N  U  
**If Yes:** List the catered events, dates, and the event coordinator's name and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

3. Does this facility routinely accept reservations?  Y  N  U

4. Does this facility accept email, phone, or fax orders?  Y  N  U

5. Does this facility keep invoice sheets and/or delivery records for food products?  Y  N  U

(\***If Yes** to questions 3, 4, or 5 above, obtain documents from the time of concern, if available)

**Other Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_