

Massachusetts Department of Public Health
FOODBORNE ILLNESS COMPLAINT WORKSHEET

Clear Form

Print Form

Date: 10/11/2024
MAVEN ID#: _____

Please complete and fax to:
MDPH Food Protection Program
305 South Street
Jamaica Plain, MA 02130
Fax: (617) 983-6770

Questions?
Food Protection Program: (617) 983-6712
Division of Epidemiology: (617) 983-6800
Enteric Laboratory: (617) 983-6609

PERSON COMPLETING INFORMATION

Affiliation:
 Local BOH
 State
 Other

Name: Steven Lania
Town or DPH division: Framingham
Other, specify: _____

REPORTER / COMPLAINANT

Affiliation:
 Consumer Medical provider
 Laboratory State DPH
 Local BOH Other
Other, specify: _____

Name: _____
Phone: _____
Address: _____
Is complainant ill? Yes No Unknown

ILLNESS INFORMATION

People ill: one (1)
People exposed: 2

Duration:
 Ongoing Less than 24 hours
 Unknown 24 to 48 hours
 More than 48 hours

Symptoms: (mark if reported for anyone):
 Diarrhea Bloody stool Fatigue
 Fever Anorexia Abdominal cramps
 Chills Nausea Muscle aches
 Burning in mouth Headache Dizziness
 Vomiting Other symptoms: _____

Onset: **Earliest** **Date:** 10/4/2024 **Time:** _____ AM PM
 Latest (if > 2 ill) **Date:** 10/6/2024 **Time:** _____ AM PM

ILL PERSONS

Name	Address & Town	Age	Occupation	Medical Provider Name & Phone	Stool Specimen	Diagnosis
██████████	██████████ St.	██	N/A	██████████	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Salmonella
██████████	██████████ St.	██	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Incubation Periods for Selected Organisms

	Min	Max		Min	Max		Min	Max
B. cereus (short)	½ hr	6 hrs	Cyclospora	2 days	14 days	Shellfish poisoning	<1 hr	6 hrs
B. cereus (long)	6 hrs	24 hrs	E. coli	10 hrs	6 days	Staph aureus	½ hr	8 hrs
Campylobacter	2 days	5 days	Hepatitis A	15 days	50 days	Shigella	1 day	7 days
Calicivirus (norovirus)	12 hrs	48 hrs	Salmonella (non-Typhi)	6 hrs	72 hrs	Vibrio (non-cholera)	5 hrs	92 hrs
C. perfringens	6 hrs	24 hrs	Salmonella Typhi	3 days	60 days	Yersinia	1 day	14 days

MDPH Foodborne Illness Complaint Worksheet

FOOD HISTORY

Obtain food history back 72 hours prior to symptoms. If organism identified, obtain history for time period between minimum and maximum incubation periods. If more than two people are ill, follow the above time frame for common meals (foods) only. Always record time consumed, if possible; otherwise choose B= breakfast, L= lunch, D= dinner.

Suspect food or drink	Date & time consumed	Location consumed	Location purchased	Brand or Lot #	Food testing
Deluxe Chicken Value Meal, lettuce, tomato, lemonade, fries	Date: 10/3/2024 Time: Lunch <input type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: Chick fil A Address: 359 Cochituate Rd. City: Framingahm State: Ma Zip code: 01702		Available for testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Filet of Fish, Fries	Date: 10/4/2024 Time: Lunch <input type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: McDonalds Address: 1223 Worcester Rd. City: Framingham State: Ma Zip code: 01701		Available for testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chicken ranch sandwich, Pickles, Fries, Bacon, Ranch dressing	Date: 10/5/2024 Time: Lunch <input type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: The Buckley Kitchen and Bar Address: 440 Franklin St. City: Framingham State: Ma Zip code: 01702		Available for testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Salad, Sal Picao, (chx Salad) Beans, House Rice, Fried plantains.	Date: 10/6/2024 Time: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: Terra Brasilis Address: 94 Union Ave City: Framingham State: Ma Zip code: 01702		Available for testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date: _____ Time: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: _____ Address: _____ City: _____ State: _____ Zip code: _____		Available for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date: _____ Time: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Home <input type="checkbox"/> Where purchased <input type="checkbox"/> Other, specify: _____	Name: _____ Address: _____ City: _____ State: _____ Zip code: _____		Available for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Sent to HSLI? <input type="checkbox"/> Yes <input type="checkbox"/> No