



# Food Safety Incident Report



**operandio.com**

The #1 Operations  
Management Platform

The template provided here has been created as a general guide by Operandio and may need to be adapted to cover all regulatory requirements for your business.

We recommend consulting your local food safety authority for clarification and assistance with your specific record-keeping requirements.

# Food Safety Incident Report



Use this form to record an incident where a guest has become unwell after dining at your establishment.

## Incident details

Date:	
Time of guest contact:	
Guest name:	
When did you dine with us? (Record date, time and table number if applicable):	
How many guests did you dine with?	
Were meals eaten individually or were they shared?	
Are all guests experiencing the same symptoms?	
What did you eat and/or drink?	

## Symptoms

When did your symptoms start?	
When did your symptoms cease?	
Please select symptoms: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Stomach cramps <input type="checkbox"/> Other:	
Have you visited a doctor? If so, what was the diagnosis?	

## Guest details

Full name:	
Phone:	
Email:	
Address:	

## Reservation details (if applicable)

Reservation date and time:	
Reservation name:	
Table number:	

Ensure that this form is finalized and that relevant staff are notified of the incident. Follow up with the guest where appropriate to inform them of the outcome of the investigation.

Notes:	
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Completed by:

Date: