Establishment: _____ Date of Suspect Meal: _____
Phone number: _____

Master List of Food Employees/Duties

Include: Servers, Dishwashers, Food Preparation Workers, Bartenders, Kitchen Supervisors, Kitchen Managers, and all persons who are associated with food service or have access to the kitchen.

Include all who worked or were out sick between _____ and the present.

Manager in charge of the facility on the date of the event/suspect meal:_____
Person in charge of the kitchen in the date of event/suspect meal:_____
Who is/are the Certified Food Protection Manager(s)? _____

Name/Phone Number	Foods Prepared/Duties for Suspect Meal	Days/Shifts Worked/Illness*

* Indicate days/shifts worked the week prior to and the day of the suspect meal. Also note if an employee has been out sick in the two weeks before or two weeks after the suspect meal.

Establishment: _____ Date of Suspect Meal: _____
Phone number: _____
Continuation page

Name/Phone Number	Foods Prepared/Duties for Suspect Meal	Days/Shifts Worked/Illness*

* Indicate days/shifts worked the week prior to and the day of the suspect meal. Also note if employee has been out sick in the two weeks before or two weeks after the suspect meal.