

## TOOL 10 - DISTRIBUTOR AND SUPPLIER INFORMATION FORM

**Purpose:** The purpose of this Tool is to document the immediate sources of food ingredients received by the Food Establishment during an outbreak investigation. The information will be used in determining sources of food common to ill persons. Since sources of ingredients can vary from day to day, it is critically important to provide accurate and complete information.

**Instructions:** Regulatory/Health Authority and/or Food Establishment owner/operator/manager will identify possible ingredients, groups of ingredients, product types, and/or menu items that may be indicated as linked to foodborne illness, along with a time period of concern. (The Food Establishment owner/operator/manager may want to identify all sources of foods to better prepare to provide information on all sources as the investigation develops).

**If information concerning ingredients, groups of ingredients, product types, and/or menu items is requested by Regulatory/Health Authority, provide the name of the Distributor and/or source, the name of the Packer or the Supplier of the product, and wherever possible, the lot number(s) or other identifying information, on this Tool. Do only for the ingredients, groups of ingredients, product types, and/or menu items identified by the Regulatory/Health Authority. As the investigation continues, additional information may be requested by and should be provided to the Regulatory/Health Authority.**

- Assemble all Distributor invoices, receiving documents, product records, and receipts for all foods of interest purchased off-site by the establishment and brought back to the establishment.
- The Food Establishment owner/operator/manager must report all product of interest used during the time period, regardless of when or where it was purchased.
- Please include special purchases including fill-in purchases from local markets or grocery stores.
- Assemble any records (example: inventories or stock records) that will help you determine when the products may have been used.

TOOL 10

Name of Ingredients and/or menu items	Distributor(s) or Source(s) (food market, retail store, etc): Name, Address, City, State, Zip	Dates and Times of Delivery/Receipt at Food Establishment during Period of Time Under Investigation	Name of Product, and Name(s) of Company (Packed by/ Distributed by) on package	Name of Product, and Name of Originating Packer/ Supplier, if known. Include lot codes, if known
EXAMPLE: Menu Item: Hamburger Sandwich Ground beef patties 4" frozen buns Shredded Lettuce 5 X 5 whole Tomatoes	Beef Patties and Buns from ABC Distributing, 123 Shell St, Chicago, IL 60007 Lettuce and Tomatoes from XYZ Produce, 98 Rose St, Chicago, IL Whole lettuce, Grocery Store X	ABC delivered on 3/29, 4/5 and 4/8 (see invoices) XYZ delivered on 3/29, 4/1, 4/3, 4/5, 4/8 and 4/10 4/6 picked up	4 oz All Beef Patties – Distributed by ABC Brand 4" Sandwich Buns – packed by Fun Bakery Shr. Lettuce – Trap Brand Tomatoes – Big-T Brand Whole Lettuce – Unknown	Patties – Maine Beef, Lewiston, ME Buns – Fun Bakery, Atlanta Lettuce – Ready Produce, Salinas, CA Tomatoes – Unknown Whole Lettuce – Unknown

DISTRIBUTOR AND SUPPLIER INFORMATION FORM - PART 1

DATE: .....

PERSON COMPLETING THE FORM: .....

TITLE: .....

FOOD ESTABLISHMENT NAME: .....

ADDRESS: .....

CONTACT NAME: ..... PHONE: .....

The "Period of Time Under investigation" is from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**LOT NUMBERS OR OTHER IDENTIFYING NUMBERS (DATE OF PACK/USE BY DATE):**

Please explain if you track or record original lot numbers on products that you use.

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Provide the individual product/ingredient shelf life, both the use by or sell by dates, as well as how quickly the product was rotated through the food establishment during the time frame in question.

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