

SENSITIVE SECURE INFORMATION

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U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE**INCIDENT REPORT****I. DESCRIPTION OF INCIDENT/OBSERVATION**

DATE OF INCIDENT/OBSERVATION	TIME (24 Hr Format)	CASE NUMBER (ODIFP Use)
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ORIGINATING OFFICE/DIVISION (e.g., OPEER, OIA, OFO)

NATURE OF THE INCIDENT/OBSERVATION (e.g., illness, injury, suspicious activity)

LOCATION OF THE INCIDENT/OBSERVATION (City/State, City/Country)

PRODUCT(S) AFFECTED AND BRAND NAME(S)

ESTABLISHMENT/PLANT NUMBER/OTHER (e.g., retail store, warehouse)

NUMBER OF REPORTED ILLNESSES	NUMBER OF INJURIES	NUMBER OF DEATHS
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OTHER AGENCIES/ORGANIZATIONS INVOLVED/NOTIFIED (Please specify):

- ☐ Federal
☐ State
☐ Local

DETAILED DESCRIPTION OF INCIDENT/OBSERVATION AND ACTION TAKEN (Describe in reverse chronological order, most recent first, include date and time for all entries. Additional space is provided on page 2, if needed)

REPORT COMPLETED BY:

NAME	TITLE	OFFICE (e.g., OPEER, OIA)	CONTACT NO.	DATE
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II. SYSTEMS WITH SUPPORTING INFORMATION

WHAT SYSTEMS CONTAIN ADDITIONAL INFORMATION REGARDING THIS INCIDENT?

☐ CCMS ☐ PCP ☐ AIIS ☐ PBIS ☐ PHIS ☐ RFR ☐ LEARN ☐ MEAT & POULTRY HOTLINE ☐ OTHER (Specify)**III. DECISION TO ALERT/ACTIVATE THE EMC (For ODIFP use)**

EMC MEMBERS/SENIOR EXECUTIVE DUTY OFFICERS/DUTY OFFICERS/OTHERS NOTIFIED:

- | | |
|---|-------------------------|
| <input type="checkbox"/> EMC ALERT | DATE AND TIME NOTIFIED |
| <input type="checkbox"/> EMC ACTIVATION | DATE AND TIME ACTIVATED |

COMMENTS:

ADDITIONAL COMMENTS:
