

Food History (continued)

Date & Time ²	# Exp ³	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):

Notes

Food Testing

Food(s) available for testing? Yes No Unknown → **Sent to SLI**¹? Yes No Unknown
 → **If Yes, specify food(s) & sources:**

Product and Manufacturer Information for Commercially-Processed Food(s)

Product name: _____ **Code/lot #** _____
Expiration date: ____/____/____ **Package size/type:** _____
Manufacturer: _____ ☎: () _____ - _____
Address: _____

¹ State Laboratory Institute, 305 South St., Jamaica Plain, MA, 02130: 617-522-3700

² Always record **Time** if possible; otherwise, choose **B**=breakfast, **L**=lunch, **D**=dinner ³Total # persons (both ill and well) who consumed indicated food(s)