General

National Outbreak Reporting System

Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections, General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. ***Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission.*** *Please complete as much of all sections as possible.*

CDC USE ONLY

CDC Report ID	State Report ID

Form Approved
OMB No. 0920-0004

- [x] Food *(complete General, Etiology, and Food tabs)*
- [ ] Person-to-person *(complete General, Etiology, and Settings tabs)*
- [ ] Water *(complete CDC 52.12)*
- [ ] Environmental contamination other than food/water *(complete General, Etiology, and Settings tabs)*
- [ ] Animal contact *(complete General, Etiology, and Animal Contact tabs)*
- [ ] Other/Unknown *(complete General, Etiology, and Settings tabs)*

Investigation Methods *(check all that apply)*

- [ ] Interviews only of ill persons
- [x] Case-control study
- [ ] Cohort study
- [x] Food preparation review
- [ ] Water system assessment: Drinking water
- [ ] Water system assessment: Nonpotable water
- [ ] Treated or untreated recreational water venue assessment
- [ ] Investigation at factory/production/treatment plant
- [ ] Investigation at original source (e.g., farm, water source, etc.)
- [ ] Food product or bottled water traceback
- [ ] Environment/food/water sample testing
- [ ] Other

Comments Change Text Size

Dates (mm/dd/yyyy)

Date first case became ill *(required)* 12/30/2017
Date last case became ill 01/11/2018
Date of initial exposure 12/28/2017
Date of last exposure 01/09/2018
Date of report to CDC *(other than this form)*
Date of notification to State/Territory or Local/Tribal Health Authorities

Geographic Location

Reporting state: Washington
- [ ] Exposure occurred in multiple states
- [x] Exposure occurred in a single state, but cases resided in multiple states

Other states: California, Florida

Reporting county: Pierce
- [ ] Exposure occurred in multiple counties in reporting state
- [x] Exposure occurred in a single county, but cases resided in multiple counties in reporting state

Other counties: Island, King, Kitsap, Snohomish, Thurston

City/Town/Place of exposure: Tacoma, WA
(Do not include proprietary or private facility names)

Primary Cases

Number of primary cases		Sex *(number or percent of the primary cases)*		
Lab-confirmed primary cases	3#	Male	177#	%
Probable primary cases	417#	Female	222#	%
Estimated total primary cases	420#	Unknown	21#	%

Primary Case Outcomes	# Cases	Total # of cases for whom info is available	Age *(number or percent of the primary cases)*					
Died	0#	420#	<1 year	2#	%	20–49 years	123#	%
Hospitalized	3#	420#	1–4 years	0#	%	50–74 years	146#	%
Visited Emergency Room	4#	420#	5–9 years	4#	%	≥ 75 years	20#	%
Visited health care provider (excluding ER visits)	9#	420#	10–19 years	10#	%	Unknown	115#	%

General

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only

Incubation Period *(circle appropriate units)*					Duration of Illness *(among recovered cases-circle appropriate units)*				
Shortest	12.0	Min	Hours	Days	Shortest	1.0	Min	Hours	Days
Median	36.0	Min	Hours	Days	Median	2.0	Min	Hours	Days
Longest	72.0	Min	Hours	Days	Longest	7.0	Min	Hours	Days
Total # of cases for whom info is available	348				Total # of cases for whom info is available	348			
☐ Unknown incubation period					☐ Unknown duration of illness				

Signs or Symptoms *(*Refer to terms from appendix, if appropriate, to describe other common characteristics of cases.)*

Feature	# Cases with signs or symptoms	Total # of cases for whom info is available
Vomiting	331	419
Diarrhea	381	419
Bloody stools	0	0
Fever	105	419
Abdominal cramps	151	419
HUS	0	0
Asymptomatic	0	419
* Nausea	186	419
* Headache	142	419
* Bodyache	126	419

Secondary Cases

Mode of secondary transmission *(check all that apply)*

- ☐ Food
- ☐ Water
- ☐ Animal contact
- ☒ Person-to-person
- ☒ Environmental contamination other than food/water
- ☐ Other/Unknown

Number of secondary cases	
Lab-confirmed secondary cases	0#
Probable secondary cases	29#
Estimated total secondary cases	29#
Estimated total cases (Primary + Secondary)	449#

Environmental Health Specialists Network *(if applicable)*

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Traceback *(for food and bottled water only, not public water)*

☐ Please check if traceback conducted

Source name *(if publicly available)*	Source type *(e.g., poultry farm, tomato processing plant, bottled water factory)*	Location of source		Traceback Comments
		State	Country	

Recall

☐ Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Agency name: Tacoma-Pierce County Health Department
E-mail: tgeorge@tpchd.org
Contact name: Tommy George
Phone no.: 253-302-2173
Contact title: Epidemiologist I
Fax no.: _____

General Remarks *Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons.)* Change Text Size

It was difficult to determine if it was a foodborne outbreak or environmental contamination due to infectious customers or employees. No reliable conclusion could be reached so this form is completed electronically as a foodborne disease outbreak, but additional information was added by hand to be sent to WSDOH/CDC.

Etiology Section – complete for all modes of transmission except Water

Etiology known? ☒ Yes ☐ No

If etiology is *unknown*, were patient specimens collected? ☐ Yes ☐ No ☐ Unknown

If *yes*, how many specimens collected? (*provide numeric value*) _____

What were they tested for? *(check all that apply)* ☐ Bacteria ☐ Chemicals/Toxins ☐ Viruses ☐ Parasites

Etiology *(Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile. Confirmation criteria available at http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html or MMWR2000/Vol. 49/SS-1/App. B)*

Genus	Species	Serotype/Genotype	Confirmed outbreak etiology	Other characteristics	Detected in* Use the Control key to make multiple selections.	# Of Lab-Confirmed cases
Norovirus	Genogroup I	unknown	☐ yes	none	1 - patient specimen 2 - food specimen	1
Norovirus	Genogroup II	unknown	☒ yes	none	1 - patient specimen 2 - food specimen	3
			☐ yes		1 - patient specimen	
			☐ yes		1 - patient specimen	

*Detected in *(choose all that apply)*: 1 - patient specimen 2 - food specimen 3 - environment specimen 4 - food worker specimen

Isolates/Strains *(For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)*

State Lab ID/ CaliciNet Key	CDC PulseNet or CaliciNet Outbreak Number	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	CaliciNet Sequenced Region/Other Molecular Designation 1	CaliciNet Genotype/ Other Molecular Designation 2

Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

Major setting of exposure *(choose one)*

☐ Camp ☐ Child day care ☐ Community-wide ☐ Hospital
☐ Hotel ☐ Nursing home ☐ Prison or detention facility ☐ Other, please specify: _____
☐ Private setting (residential home) ☐ Religious facility ■ Restaurant
☐ School ☐ Ship ☐ Workplace

Attack rates for major setting of exposure

Group *(based on setting)*	Estimated exposed in major setting* 12/28-1/7 11 days, 400 customer/day	Estimated ill in major setting	Crude attack rate *[(estimated ill / estimated exposed) x 100]*
residents, guests, passengers, patients, etc.	4400	420	9.55
staff, crew, etc.	30	5	16.67

*e.g., number of persons on ship, number of residents in nursing home or affected ward

Other settings of exposure *(choose all that apply)*

☐ Camp ☐ Child day care ☐ Community-wide ☐ Hospital
☐ Hotel ☐ Nursing home ☐ Prison or detention facility ☐ Other, please specify: _____
☐ Private setting (residential home) ☐ Religious facility ☐ Restaurant
☐ School ☐ Ship ☐ Workplace

Animal Contact Section – complete for animal contact primary mode of transmission

Setting of exposure	Type of animal	Animal Contact Remarks

Food Section – complete for foodborne primary mode of transmission

☒ Food vehicle undetermined

Food	1	2	3
Name of food *(excluding any preparation)*			
Ingredient(s) *(enter all that apply)*			
Contaminated ingredients(s) *(enter all that apply)*			
Total # of cases exposed to implicated food			
Reason(s) suspected *(enter all that apply from list in appendix)*			
Method of processing *(enter all that apply from list in appendix)*			
Method of preparation *(select one from list in appendix)*			
Level of preparation *(select one from list in appendix)*			
Contaminated food imported to US?	☐ Yes, Country_____ ☐ Yes, Unknown ☐ No	☐ Yes, Country_____ ☐ Yes, Unknown ☐ No	☐ Yes, Country_____ ☐ Yes, Unknown ☐ No
Was product *both* produced under domestic regulatory oversight *and* sold?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Location where food was prepared *(check all that apply)*

☐ Restaurant – 'Fast-food' *(drive up service or pay at counter)*	☐ Nursing home, assisted living facility, home care
☒ Restaurant – Sit-down dining	☐ Hospital
☐ Restaurant – Other or unknown type	☐ Child day care center
☐ Private home	☐ School
☐ Banquet Facility *(food prepared and served on-site)*	☐ Prison, jail
☐ Caterer *(food prepared off-site from where served)*	☐ Church, temple, religious location
☐ Fair, festival, other temporary or mobile services	☐ Camp
☐ Grocery store	☐ Picnic
☐ Workplace, not cafeteria	☐ Other *(describe in Where Prepared Remarks)*
☐ Workplace cafeteria	☐ Unknown

Where Prepared Remarks:

Location of exposure (where food was eaten) *(check all that apply)*

☐ Restaurant – 'Fast-food' *(drive up service or pay at counter)*	☐ Nursing home, assisted living facility, home care
☒ Restaurant – Sit-down dining	☐ Hospital
☐ Restaurant – Other or unknown type	☐ Child day care center
☒ Private home	☐ School
☐ Banquet Facility *(food prepared and served on-site)*	☐ Prison, jail
☐ Caterer *(food prepared off-site from where served)*	☐ Church, temple, religious location
☐ Fair, festival, other temporary or mobile services	☐ Camp
☐ Grocery store	☐ Picnic
☐ Workplace, not cafeteria	☐ Other *(describe in Where Eaten Remarks)*
☐ Workplace cafeteria	☐ Unknown

Where Eaten Remarks:

Contributing Factors *(check all that contributed to this outbreak)*

☐ Contributing factors unknown

Contamination Factor

☐C1 ☐C2 ☐C3 ☐C4 ☐C5 ☐C6 ☐C7 ☐C8 ☐C9 ☒C10 ☒C11 ☐C12 ☐C13 ☐C14 ☒C15 ☐C-N/A

Proliferation/Amplification Factor *(bacterial outbreaks only)*

☐P1 ☐P2 ☐P3 ☐P4 ☐P5 ☐P6 ☐P7 ☐P8 ☐P9 ☐P10 ☐P11 ☐P12 ☐P-N/A

Survival Factor

☐S1 ☐S2 ☐S3 ☐S4 ☐S5 ☐S-N/A

The confirmed or suspected point of contamination *(check one)*

☐ Before preparation ☒ Preparation

If *'Before Preparation'*: ☐ Pre-Harvest ☐ Processing ☐ Unknown

Reason suspected *(check all that apply)*

☐ Environmental evidence	☐ Laboratory evidence
☒ Epidemiologic evidence	☐ Prior experience makes this a likely source

Was food-worker implicated as the source of contamination? ☒ Yes ☐ No

If yes, please check only one of the following:

- ☐ Laboratory ***and*** epidemiologic evidence
- ☒ Epidemiologic evidence
- ☐ Laboratory evidence
- ☐ Prior experience makes this a likely source

School Questions

(Complete this section only if "school" is checked in either sections "Location where food was prepared" or "Location of exposure (where food was eaten").

1. Did the outbreak involve a single or multiple schools?

☐ Single

☐ Multiple (number of schools____)

2. School characteristics *(for all involved students in all involved schools)*

a. Total approximate enrollment

____ *(number of students)*

☐ Unknown or undetermined

b. Grade level(s)

☐ Preschool

☐ Grade school *(grades K-12)*

Please check all grades affected: ☐K ☐1st ☐2nd ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th ☐9th ☐10th ☐11th ☐12th

☐ College/university/technical school

☐ Unknown or Undetermined

c. Primary funding of involved schools

☐ Public

☐ Private

☐ Unknown

3. Describe the preparation of the implicated item: *(check all that apply)*

☐ Heat and serve *(item mostly prepared or cooked off-site, reheated on-site)*
☐ Served a-la-carte
☐ Serve only *(preheated or served cold)*
☐ Cooked on-site using primary ingredients
☐ Provided by a food service management company
☐ Provided by a fast-food vendor
☐ Provided by a pre-plate company
☐ Part of a club or fundraising event
☐ Made in the classroom
☐ Brought by a student/teacher/parent
☐ Other *(describe in General Remarks)*
☐ Unknown or Undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

☐ Once
☐ Twice
☐ More than two times
☐ Not inspected
☐ Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

5. Does the school have a HACCP plan in place for the school feeding program?*

☐ Yes
☐ No
☐ Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

- ☐ Yes
- ☐ No
- ☐ Unknown or Undetermined

If *yes*, was the implicated food item donated/purchased by:

- ☐ USDA through the Commodity Distribution Program
- ☐ The state/school authority
- ☐ Other (*describe in General Remarks*)
- ☐ Unknown or Undetermined

Ground Beef

1. What percentage of ill persons (*for whom information is available*) ate ground beef raw or undercooked? _____ %

2. Was ground beef case-ready? ☐ Yes ☐ No ☐ Unknown
(Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)

3. Was the beef ground or reground by the retailer?
☐ Yes ☐ No ☐ Unknown
If *yes*, was anything added to the beef during grinding (*such as shop trim or any product to alter the fat content*)?: _____

Additional *Salmonella* Questions
(Complete this section for Salmonella outbreaks)

1. Phage type(s) of patient isolates:

_____ *if RDNC* then include #* _____

_____ *if RDNC* then include #* _____

_____ *if RDNC* then include #* _____

_____ *if RDNC* then include #* _____

* Reacts, Does Not Conform

Eggs

1. **Were eggs** *(check all that apply)*

- ☐ in shell, unpasteurized?
- ☐ in shell, pasteurized?
- ☐ packaged liquid or dry?
- ☐ stored with inadequate refrigeration during or after sale?
- ☐ consumed raw?
- ☐ consumed undercooked?
- ☐ pooled?

2. Was Salmonella enteritidis found on the farm? ☐ Yes ☐ No ☐ Unknown

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Egg Comment *(e.g., eggs and patients isolates matched by phage type)*:

Washington State Department of Health
Environmental Assessment and Establishment Observation Form

Washington State Department of Health
February 2018

Field Investigator Name: Shelley Tainamu	Jurisdiction: TPCHD	Local Health Case #: 2018-6,7

Facility Name and Address: El Toro 5716 N. 26th St. Tacoma

Notification (Check all that apply) ☐ Surveillance ☒ Customer Notification ☐ FE Reported ☐ Other:

Agency Notified Date	First LHJ Contact w/ FE	Suspected Meal Consumed	Manager Interviewed? Yes
Date: 2018-01-08	Date: 2018-01-08	Enter first meal date if multiple exposures in OB. Date: 2018-12-31 Time: Select am/pm	Date: 2018-01-08 Attach Form

Field Focus Guide referenced and used? **No**

Establishment Type: **Complex**

Meal: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snack ☐ Other:

# Ill:	Incubation:	Duration:	Symptoms:
537	35 hours	1.59 days	☒ Ab Cramps ☒ Body ache ☐ Chills ☒ Diarrhea ☐ Diarrhea (Bloody) ☒ Fever ☒ Headache ☐ Malaise ☐ Myalgia ☐ Nausea ☒ Vomiting ☐ Other(s):

Previous Routine Inspection Date: **2017-10-30** (Attach)
Reference Red/Blue from the Routine Inspection prior to implicated meal.

Previous Routine Inspection Score & Red Violations Found: Red: 65 Blue: 3 Total #: 68

Communication (Check all contacted.) *Note: Department of Health should be notified during all foodborne outbreak investigations and reporting.*
☐ CD-Epi (State) ☒ CD-Epi (LHJ) ☐ None ☒ DOH Food Program Staff: Helena

Agent or Category (Based on Epi info) **Viral**

If Other, explain:

Lab Confirmed? Yes

Agent: Norovirus
(Include serotype if known.)

Environmental Assessment (Field Investigation)
Date: **2018-01-08** Time: 11:00 am

Investigated FE at a similar time as when meal was prepared or served? No

What did the cases have in common? (Check all that apply.) ☒ Food ☒ Food Worker ☒ Equipment

Flow Charts Flow Charts are required for each implicated food. Are Flow Charts Attached? **No**

Implicated Foods (Based on EA)

Implicated Foods are foods suspected or confirmed to be directly associated with illness.
Not all *common foods* are Implicated Foods.
Note: If a specific food or multi-ingredient food is not implicated explain why food is the suspected vehicle in this outbreak.

Multiple Ingredient Food – Taco	Single Ingredient Food – Eggs	Multiple Foods
Taco: Ground Beef, Cheese, Onion, Tomato, Corn Tortilla	Eggs, scrambled	RTE Salads, Sandwiches, Chips

List the Implicated Food item(s) and the ingredients directly linked to illnesses. Follow the format of the examples listed above.

1. Multliple ready to eat foods
2.

How does the **implicated animal/seafood** product #1 arrive? (*Select N/A if not an animal/seafood product.*) **Select one** *If Other*, explain _____	How does the **implicated plant** product #1 arrive? (*Select N/A if not a plant product*.) **Select one**
How does the **implicated animal/seafood** product #2 arrive? (*Select N/A if not an animal/seafood product.*) **Select one** *If Other*, explain _____	How does the **implicated plant** product #2 arrive? (*Select N/A if not a plant product*.) **Select one**

Are *any* implicated foods or ingredients imported? **Select one** ***If Yes,*** describe what indicates this is an imported food (Receipts, Tags):
1. 2.

Food worker possible source of illness? **Yes** # of ill/infected food workers found: 5

How was food workers' health status evaluated? **Food workers interviewed**

Is this FE part of a **chain** or have **multiple locations**? **Yes**

If Yes, Were other food establishments contacted or investigated? **Yes**

Was a Food Establishment Inspection Report completed during the EA? **Yes (Attach Forms)**

CONTROL MEASURES (Check each used.)
- ☒ REQUIRE BEHAVIOR CHANGE
- ☒ REQUIRE PROCEDURE CHANGE
- ☒ EXCLUDE ILL FOOD WORKER
- ☒ FOOD DESTRUCTION
- ☐ HOLD ORDER
- ☒ CLEANING AND SANITIZING
- ☒ CLOSURE
- ☐ OTHER:

INVESTIGATION METHODS (Check each used.)
- ☐ ENVIRONMENTAL SAMPLES COLLECTED*
- ☐ FOOD SAMPLES COLLECTED*
- ☐ STOOL SAMPLES COLLECTED
- ☐ PHOTOGRAPHS OF FOOD, PREP AREAS, ETC.
- ☐ RECEIPTS, INVENTORY, AND TRACE-BACK
- ☐ MULTIPLE FOOD ESTABLISHMENTS INVESTIGATED
- ☒ ADDITIONAL CASE FINDING
- ☐ OTHER:

MOVING FORWARD (Check each used.)
- ☐ FOLLOW-UP VISIT SCHEDULED
- ☐ FOLLOW-UP VISIT WITH INTERPRETER
- ☐ INCREASED INSPECTION FREQUENCY
- ☐ MENU REDUCTION
- ☒ REQUIRED EDUCATION/TRAINING
- ☐ RISK CONTROL PLAN
- ☐ OFFICE CONFERENCE
- ☒ OTHER:

Were Environmental or Food Samples Collected? No** ***If Yes, how many? __ Env Samples __ Food Samples

If Yes, list all Food and Environmental samples on the supplemental worksheet and submit with the EA Form. Include all requested info.

Establishment Observation Information

The following questions are based on the initial observation of the physical facility and the food handling practices at the time of the initial Environmental Assessment (NOT the physical facility condition or food handling practices thought to have been in place at the time of the exposure). Collect this information during the establishment's normal hours of operation, if possible.

Is the FE using a community water system and public sewage? **Yes**

If No, describe:

Does the FE need a **Consumer Advisory**? **Yes**

If Yes, where is the Consumer Advisory located? (Check all that apply.)

☒ On the menu in the menu item description ☒ On the menu as a footnote
☐ On a sign ☐ Other:

How many **hand sinks** are in the **employee restroom**? 1

In the **employee restroom** how many hand sinks are…
- without warm water (min 100°F)? 0 (Write 0 if available.)
- without soap? 0 (Write 0 if available.)
- without towels or air dryers? 0 (Write 0 if available.)

How many **hand sinks** are in the **work area?** 3

In the **work area** how many hand sinks are…
- without warm water (min 100°F)? 0 (Write 0 if available.)
- without soap? 0 (Write 0 if available.)
- without towels or air dryers? 0 (Write 0 if available.)

How many **cold storage units** are in the FE? 7
(Check all that you observed in the FE.)
☒ Reach-in ☒ Self-Serve/Salad Bar
☒ Walk-in ☒ Open-top Units

How many **cold storage units** are above 41°F? 0
(Check all that you observed above 41°F.)
☐ Reach-in ☐ Self-Serve/Salad Bar
☐ Walk-in ☐ Open-top Units

Does the PIC keep **temperature logs**? **No** Any **temperature records** of incoming ingredients? **No**

Is there evidence of **cross contamination** of raw animal products with RTE foods? **No**

If Yes, describe the evidence of cross contamination observed below:

Are any food workers **wearing gloves** while handling food? **Yes** Is a supply of **gloves available**? **Yes**

Did you identify **bare hand contact** with ready to eat foods? **No**

Is there **cooling** of hot foods in the FE? **Yes**
Did you observe **cooling** of foods in the FE? **Yes**

What **cooling methods** are used in the FE?
☒ Shallow Pan ☐ Ice Wand
☐ Deep Pan ☐ Blast Chiller
☐ Ice Bath ☐ Other: _____

Did you observe foods **hot holding**? **CNO**
If Yes, were all ≥135°F? ***If Yes, Select one***

Did you observe any foods **cold holding**? **Yes**
If Yes, were all ≤41°F? ***No Temps Taken***

Did you observe any foods during **cooking**? **No**
If Yes, were *all* temps correct? ***If Yes, Select one***

Are **wiping cloths** used at this establishment? **Yes**
If Yes, are all wiping cloths stored in a sanitizer solution between uses? **Yes**

Are there **mechanical dishwashers** for dishes, utensils, or other equipment? **Yes** (***If No***, skip the next 3.)

1. Does the wash cycle reach the temperatures recommended for that dishwasher? **Yes**
2. Does the sanitizing cycle reach the temperatures recommended for sanitization? **No**
3. Is chemical sanitizing used? **Yes** ***If Yes***, correct levels of sanitizer used? **No**

Are there any **hand washed** dishes, utensils, or other equip? **Yes** (***If No*** *or* ***CNO***, skip the next 2.)

1. Are hand washed dishes, utensils, or equipment washed, rinsed, and sanitized? **CNO**
2. Is the sanitizing method (heat or chemical) properly implemented? **CNO**

Did you observe **signs and instructions posted** in the establishment? **No**

If Yes, did any signs or posted instructions use pictures or symbols to communicate a food safety message? **No**

If Yes, what language(s) did you observe on signs or instructions posted? _____

What language(s) spoken?
Spanish and English

Which option best describes the **menu** for this establishment?
☐ American (non-ethnic) ☐ Chinese ☐ French
☐ Italian ☐ Thai ☒ Mexican ☐ Japanese
☐ Other: _____

During the Environmental Assessment…

Was a **translator needed** with **kitchen manager**? **No**
Was a **translator used** with **kitchen manager**? **No**

Was a **translator needed** with **food workers**? **Yes**
Was a **translator used** with **food workers**? **Yes**

Facility Type (Select the option that best describes facility. Check only one box.)

☐ Camp ☐ Caterer ☐ Correctional Facility
☐ Church ☐ Day Care ☐ Feeding Site ☐ Food Cart ☐ Temp ☐ Mobile
☐ Hospital ☐ Nursing Home ☐ Grocery ☒ Restaurant ☐ Restaurant in Supermarket ☐ School ☐ Workplace Cafeteria

If not listed below, please describe location:

Was implicated food served on a **buffet**? **Yes**

Do customers have direct access to a **buffet or salad bar**? **Yes**

Was there a **kitchen manager certified in food safety** at the location of preparation? **Yes**

Summary (Describe the outbreak and investigation. Include the details about what went wrong and why.)

5 employees (potentially more but unable to determine during interviews) were shedding or became ill during the exposure period. History of bare hand contact with ready to eat foods and improper handwashing may have contributed to the outbreak.

Describe the differences in the kitchen or food handling practices observed today (during the Environmental Assessment) versus those at the time of exposure.

Employees were not visibly ill during the environmental assessment (EA) and all were using and wearing gloves - more employees than normal were wearing gloves. The dishwasher was not working properly at the time of the EA.

What were the environmental antecedent(s) of this outbreak? (Check all that apply.)

☐ Lack of training of FWs on specific processes	☐ Not enough equipment	☐ Lack of sick leave or financial incentives
☒ Lack of oversight of FWs or enforcement	☐ Equipment improperly used	☐ Lack of needed supplies for operation
☐ High turnover of FW or management	☒ Lack of equipment maintenance	☐ Insufficient process to mitigate the hazard
☐ Insufficient staffing	☐ Improperly sized/installed equip.	☐ FWs not following the facility's process
☒ Lack of food safety culture	☐ Poor facility layout	☐ Food not treated as PHF
☐ Language barrier at FE	☐ Lack of reinvestment in FE	☐ Other:

To complete the EA it took: 2 **Kitchen Visits** | 0 **Additional contacts with FE** (Phone calls, emails, interviews… Not kitchen visits.)

Field Investigation Findings – Identify **Contributing Factors** based on the Flow Chart.
Use evidence from: Observations, Records, Discussions, Past History, and Case Information.

Contamination Factors (Check all that apply.) ☐ N/A – None found	☐ C1	Toxic substance part of tissue
	☐ C2	Poisonous substance intentionally/deliberately added
	☐ C3	Poisonous or physical substance accidentally/inadvertently added
	☐ C4	Addition of excessive quantities of ingredients that are toxic in large amounts
	☐ C5	Toxic container
	☐ C6	Contaminated raw product – intended to be consumed after a kill step
	☐ C7	Contaminated raw product – intended to be consumed raw or undercooked
	☐ C8	Foods originating from sources shown to be contaminated or polluted (growing or harvest area)
	☐ C9	Cross-contamination of ingredients (cross contamination does not include ill food workers)
	☒ C10	BHC by a food handler/worker/preparer who is suspected to be infectious
	☒ C11	Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious
	☐ C12	Other mode of contamination (excluding XC) by a food handler or worker suspected to be infectious
	☐ C13	Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
	☐ C14	Storage in contaminated environment
	☒ C15	Other source of contamination (hand washing)
Proliferation Factors (Check all that apply.) ☒ N/A – None found	☐ P1	Food preparation practices that support proliferation of pathogens (during food preparation)
	☐ P2	No attempt made to control temperature of implicated food
	☐ P3	Improper adherence of approved plan to use Time as a Public Health Control
	☐ P4	Improper cold holding due to malfunctioning refrigeration equipment
	☐ P5	Improper cold holding due to an improper procedure or protocol
	☐ P6	Improper hot holding due to malfunctioning equipment
	☐ P7	Improper hot holding due to improper procedure or protocol
	☐ P8	Improper/slow cooling
	☐ P9	Prolonged cold storage
	☐ P10	Inadequate modified atmosphere packaging
	☐ P11	Inadequate processing (acidification, water activity, fermentation)
	☐ P12	Other situations that promoted or allowed microbial growth or toxic production
Survival Factors (Check all that apply.) ☒ N/A – None found	☐ S1	Insufficient time and/or temperature control during initial cooking/heat processing
	☐ S2	Insufficient time and/or temperature during reheating
	☐ S3	Insufficient time/temperature control during freezing
	☐ S4	Insufficient or improper use of chemical processes designed for pathogen destruction
	☐ S5	Other process failures that permit pathogen survival

Food Establishment Inspection Report

Inspection ID: DAWEVRUC5
Facility ID: FA0000313
Program ID: PR0000079 - Rest

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

NAME OF ESTABLISHMENT	LOCATION	EMAIL
El Toro #2	**5716 N 26th St, Tacoma, WA 98407**	

MEALS SERVED: / MEALS OBSERVED:	PURPOSE OF INSPECTION	ESTABLISHMENT TYPE
	Epi Inspection	**1022-75 + Seats FE**

DATE	TIME IN	ELAPSED TIME	TOTAL POINTS	RED POINTS	REPEAT RED	PHONE NUMBER
01/08/2018	**11:14:41AM**	**198.38 min**	**0**	**0**	**0**	**(253) 759-7889**

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points

Inspection Comments:

Purpose: On site to investigate several consumer reports of Illness.

Between 12/31/2017 and 1/2/2018 6 individuals ate at this facility and experienced symptoms of diarrhea, nausea, cramping and vomiting within a day and a half of eating here. Their illness symptoms lasted for a day and a half. This facility (FE) is required to close due to an outbreak of consumer illness. While closed, this facility may not prepare or cook any foods.

This FE is not permitted to resume operation until approval from TPCHD has been received in the form of a pre-opeing inspection. A fee of $185 will be assessed by mail for the required pre-opeing inspection. Inspector has made an appointment to re-open the facility on 1/9/2017 at 10am. Contact inspector listed on this report or call (253) 798-6460 if all required cleaning tasks have not been completed by 10am on 1/9/2018.

If facility is found operating with out approval there will be a charge of $795 for the first occurrence and $1445 for any subsequent occurrence.

A required charged educational visit must be scheduled following an illness outbreak. The fee for the educational visit is $185 per hour including travel and all employees must present.

Inspectors have provided written cleaning instructions to employees and persons in charge. All open ready to eat foods were discarded while on site. Facility has began cleaning and sanitizing all equipment while on site. The owner and person in charge explained that no employees had left early or called out sick from the 12/29/2017 through 1/5/2018. Two of the five interviewed employees explained they had been ill during this period but did not work on those days. One of the two returned 24 hours after being ill. A list of employees that still need to be interviewed was left with the owner. The owner will instruct these employees to call the inspector listed on the report as soon as possible.

Be sure to verify that all employees have not experienced symptoms of food borne illness with in 48 hours of returning to work.

Online Food Worker Card Class
The course is offered in many languages. The cost is $10 and can be paid by Visa, MasterCard or Discover.
www.foodworkercard.wa.gov

Food Manager Course
This one day accredited course provides in depth food service training for food service managers. Successful participants will receive a five year certificate. 2018 food manager classes will be held January 31, April 11, July 15, and October 24. .
Visit www.tpchd.org or call Amanda Peters at (253) 798-7677 for details.

Email: Food@tpchd.org
Call: (253) 798-6460
Fax: (253) 798-6539

Food and Community Safety Program
Tacoma- Pierce County Health Department
3629 South D Street, MS 1059
Tacoma, WA 98418

For Information Online
See us at
www.tpchd.org

Person in Charge: Erique Arias	Signature	Date: 01/08/2018
Regulatory Authority: Kerra M. Gallagher Phone: (253) 798-3547 Email: kgallagher@tpchd.org	Signature Kerra M Gallagher	Follow-up Needed?

Food Establishment Inspection Report

Inspection ID: DA0SM8O0F
Facility ID: FA0000313
Program ID: PR0000079 - Rest

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

NAME OF ESTABLISHMENT	LOCATION	EMAIL
El Toro #2	**5716 N 26th St, Tacoma, WA 98407**	

MEALS SERVED: / MEALS OBSERVED:	PURPOSE OF INSPECTION	ESTABLISHMENT TYPE
	Pre-Opening (Closure)	**1022-75 + Seats FE**

DATE	TIME IN	ELAPSED TIME	TOTAL POINTS	RED POINTS	REPEAT RED	PHONE NUMBER
01/09/2018	**10:00:41AM**	**104.60 min**	**0**	**0**	**0**	**(253) 759-7889**

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
TEMP	**Temperatures Observed/Location**	

Inspection Comments:

On site to conduct a preopening inspection after a closure due to an outbreak (Norovirus). All ready to eat foods have been discarded. All surfaces and utensils have been washed with 1 cup of bleach per gallon of water.

All employees will be interviewed by PIC to ensure ill employees, employees caring for ill family members and those with symptoms of vomiting and diarrhea are excluded for 48 hours.

An educational visit is required within 2 weeks and all employees are required to attend. The fee for the educational visit is $185 per hour including travel.

Illness reporting is required. If customers contact facility stating they became ill after eating at this establishment you are required to notify the health department.

While conducting interviews with staff a bartender, waiter and hostess reported symptoms of food borne illness last week. A Manager interview conducted while on site.

To prevent Norovirus:
-do not work when you are sink
-do not handle foods with bare hands
-wash hands properly and often and apply gloves

There will be a $185 fee billed via mail for this preopening inspection.

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Tacoma, WA 98418

For Information Online
See us at
www.tpchd.org

Person in Charge: Dante Martinez	Signature Dante M Martinez	Date: 01/09/2018
Regulatory Authority: Kerra M. Gallagher Phone: (253) 798-3547 Email: kgallagher@tpchd.org	Signature Kerra M Gallagher	Follow-up Needed? **NO**