To: The Record
From: Acute Communicable Disease Control Program
January 31, 2012
Subject: Outbreak 2011-246, FBIR 17932

BACKGROUND

On 9/28/11, District Public Health Nursing (DPHN) notified the Acute Communicable Disease Control Program (ACDC) of a cluster of illnesses associated with a film festival event held at a media center in Beverly Hills on 9/20/11. One case in this cluster was laboratory confirmed as having salmonellosis. A catered box meal was served to the 175 people in attendance. Several animals, including reptiles (such as an alligator and a snake), were also on display at this event and could be touched by event guests. Those who reportedly fell ill after the event were staff and family associated with a public relations (PR) firm contributing to the organization of the event. All attended the event and ate some portion of the catered box meal.

METHODS

- DPHN and ACDC interviewed known cases in this cluster to obtain food history and other risk factors related to salmonellosis.
- A list of persons attending the film festival event was requested by DPHN.
- All known symptomatic persons who attended the event were asked to submit stool specimens for culture.
- ACDC requested DPHN ask all salmonellosis cases reported after 9/28/11 about exposure to any event held in Beverly Hills.
- ACDC enhanced monitoring of any lab report of *Salmonella* Group B or *Salmonella* Heidelberg cases for association with the event.
- An outbreak associated case was defined as any person eating at this film festival event on 9/20/11 and 1) having a positive laboratory result for *Salmonella* OR 2) having symptoms compatible with *Salmonella* infection (diarrhea and fever).
- ACDC created a Foodborne Illness Complaint Report (FBIR 17932) on 9/29/11.
- Environmental Health Food and Milk Program (F&M) inspected the caterer for the film festival on 9/29/11.
- ACDC contacted a second group that used the same caterer on 9/18/11 to assess for illness.
- Confirmation and serotyping of all *Salmonella* isolates was performed by the Public Health Laboratory.
- PFGE results for all recent *S.* Heidelberg cases were requested by ACDC.

RESULTS

Cases

Six ill persons were identified in this cluster. The median age of cases was 25.3 years, with ages ranging from 11 to 40 years **(Table 1)**. Identified cases were both male (n=2) and female (n=4). Symptoms of cases included diarrhea (n=5), abdominal cramps (n=5) and fever (n=4) **(Table 2)**. Cases became ill from 9/21 through 9/23 of 2011 **(Figure 1).** The median incubation period was 1.9 days (range 0.8-2.3 days). The median duration of illness was 4.4 days (range 2-7 days).

Table 1. Reported Symptoms (N=6) OB2011-246

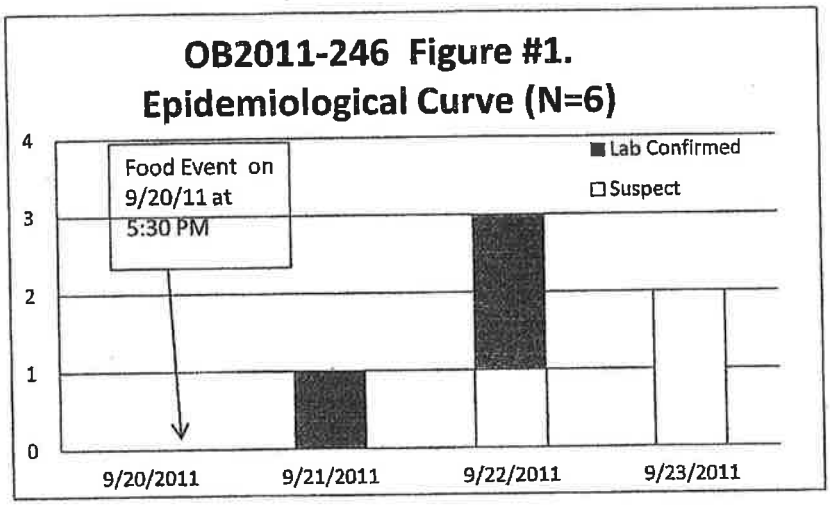
Symptom	n	Percent
Diarrhea	5	83%
Bloody Diarrhea	1	17%
Abdominal cramps	5	83%
Nausea	5	83%
Fever	4	67%
Fever > 102°F	2	33%
Vomiting	1	17%

Duration= 4.4 days (range 2-7 days)
Incubation*=1.9 days (range 0.8-2.3 days)
* Calculation based on 5 cases with onset times

Table 2. Case Demographics (N=6) OB2011-246

	n	Percent
Male	2	33%
Female	4	67%
Age Group		
1-4	0	0%
5-19	1	17%
20-49	5	83%
50+	0	0%
Mean age	25.3	range 11-40 yrs

The index case was [redacted] of the PR firm [redacted] whose office contributed to the organization of the catered event. The second case was [redacted] and the four remaining cases were employed at this office.



Food Review

Boxed meals were catered to this film festival event held on 9/20/11 at around 5:30 PM. All six cases reported eating some portion of a turkey sandwich. Other food items eaten by cases included bananas (n=3), chips (n=2), and an apple (n=1). Cases also reported drinking water (n=3) and orange juice (n=1). Two cases reported having contact with reptiles at the event, but they also stated that they washed hands after touching these animals and before eating. The [redacted] index case stated that they had no list of guests attending this event to provide to Public Health as she did not organize the event, nor did she provide contact information of event organizer. Thus, no analytic study could be conducted due to the small number of cases involved with this outbreak.

Inspection

F & M inspected the caterer for the film festival event. Approximately 175 meals were served at this event. The meals consisted of a choice of turkey (n=70), roast beef (n=65) and caprese (n=40) sandwiches, a choice of whole fruit such as an apple or banana, a choice of bagged chips and a choice of dessert such as a brownie or cookie. No major health code violations and no ill food handlers were identified at the time of inspection. There were 30-45 lbs of turkey prepared by the caterer on 9/17/11 for the film festival event on 9/20/11 and for another unrelated event held on 9/18/11. The caterer provided contact information for the 9/18/11 event, where over 1500 persons were served food which included turkey sandwiches. ACDC contacted the organizer of the 9/18/11 event who reported that there was no illness associated with the second event.

Public Health Laboratory Testing

Three of the six outbreak cases had stool cultures laboratory confirmed as *Salmonella*. All three positive isolates were serotyped as *S.* Heidelberg and had the same PFGE pattern (Xba1pattern JF6X01.0045). One *Salmonella* isolate from the index case was received from a private laboratory and was serotyped by PHL. Four stool specimens from ill persons were collected by DPHN; two of these were positive for *Salmonella*. The PFGE pattern associated with this cluster comprises 15.5% (13/84) of S. Heidelberg isolates with assigned patterns in the LAC database (2010-2011). This pattern occurred among 10.2% of S. Heidelberg isolates in 2010 (Jan-Dec) and 22.6% of S. Heidelberg isolates in 2011 (Jan-Oct) using the LAC database (including the three cluster cases). Other *S.* Heidelberg cases with stool collection dates between 9/20/11 and 10/1/11 had different PFGE patterns and did not have an association with this event.

Two of the three laboratory confirmed cases were [redacted] the PR firm [redacted]. The PR firm assisted in the organization of the catered film festival event. The owner of the PR firm reported no symptoms and was not tested. Four employees in the PR firm reported illness; none sought medical care. Three of these four employees submitted stool specimens to PH for testing and one employee's stool culture grew *Salmonella*. All of the ill persons attended the film festival event reported eating turkey sandwiches. No other ill persons attending this event were reported.

DISCUSSION

The six cases in this cluster had a common exposure at a film festival event in Beverly Hills on 9/20/11. Food was served at this event and animals, including reptiles, were present. All six cases had some association with a PR firm office that contributed to the organization of the catered event. It is possible that the source of illness was an exposure related to the PR office and not the film festival event, as no other persons reported illness after attending this event. Increased laboratory surveillance for *S.* Heidelberg cases did not identify any additional cases independent of this office [redacted]. This cluster could be the result of contaminated food served at the film festival event, contact with the reptiles which were present at this event, or could be the result of transmission of *Salmonella* among family and office personnel who contributed to the organization of this event.

CONCLUSIONS

A common source outbreak of *S.* Heidelberg occurred among persons associated with a PR firm that organized and attended a catered event on 9/20/11. Although all cases attended the event and ate food prepared by a caterer, other exposures such as animal contact or sources either at the event or otherwise could not be ruled out.

LIMITATIONS

This analysis may have been limited by the recall bias of persons involved. In addition, a case-control or cohort study could not be conducted due to small number of known cases and limited event attendee information.

To: The Record
From: Acute Communicable Disease Control Program
January 31, 2012: Salmonella Outbreak 2011-246, FBIR 17932

Addendum Report

On 12/06/11, the California Department of Public Health notified the Acute Communicable Disease Control Program (ACDC) in Los Angeles County of an Oregon resident with a *Salmonella* PFGE pattern (XbaI pattern JF6X01.0045) that was the same as the PFGE pattern from an outbreak previously investigated by ACDC (OB2011-246). This outbreak was associated with a catered event held at a media center in Beverly Hills, California on 9/20/11 and was attended by approximately 175 persons.

ACDC interviewed the Oregon resident on 12/08/11. Based on the interview, this case indicated that he attended the same event described in OB2011-246 on 9/20/11. The case stated that the event was a film festival. This newly identified case had onset of symptoms on 9/21/11 with an incubation period of 26 hours after the event. He remembered eating a boxed meal and stated that he did not eat a roast beef or caprese sandwich, but he admitted that he could not recall the exact type of sandwich he ate. He also recalled seeing the reptiles on display, but he said he did not touch any of the reptiles. He attended this event with three other Oregon residents, one of whom also became ill with gastrointestinal symptoms following the event.

The second Oregon case who attended the film festival event on 9/20/11 was interviewed by ACDC on 1/14/12. This case became ill on the evening of 9/21/11 with diarrhea, stomach cramps, and headache for five days. The incubation period for this case was 24-30 hours after the event. He recalls eating a turkey sandwich at the event. He also remembers touching an alligator at the event, but he does not recall washing his hands before eating the sandwich. He did not seek medical attention and did not have a laboratory confirmed infection. Neither of the two Oregon cases reported any other common exposures with the PR firm or its employees involved in the initial outbreak. ACDC was able to interview one of the other two Oregon residents in this party who did not become ill. This person recalled eating a roast beef sandwich at the event.

This new information brings the total number of cases associated with this film festival event to eight. Four of these cases were laboratory confirmed with the same PFGE pattern (Xba1pattern JF6X01.0045). Seven of the eight cases recalled eating the turkey sandwich that was catered at the event. When the outbreak was originally investigated by ACDC, the evidence was insufficient to determine whether the catered event was the source of the outbreak for the PR office cases. The two newly identified cases from Oregon who were independent of the PR firm help to confirm that the source of the outbreak was the catered event, with turkey sandwiches as a possible vehicle. However, no specific food item could be identified by epidemiologic analysis as the source and no other complaints have been received against this event or caterer.

California Fillable Version 03/07/07 Top is for State use only | EFORS/State # _____ - _____ ed: _____ fd: _____

iMdoc# | lhd/wk/yr: | ob# | rec# | ed: | fd:

Electronic Foodborne Outbreak Reporting System

Investigation of a Foodborne Outbreak

This form is used to report foodborne disease outbreak investigations to CDC via the electronic system. It is also used to report *Salmonella* Enteritidis and *E. coli* O157:H7 outbreak investigations involving any mode of transmission. A foodborne outbreak* is defined as the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food in the United States. This form has 6 parts. Part 1 asks for the minimum or basic information needed and must be completed for the investigation to be counted in the CDC annual summary. Part 2 asks for additional information for any foodborne outbreak, while Parts 3 – 6 ask for information concerning specific vehicles or etiologies. Please complete as much of all parts as possible.

CDC Use Only

STATE REVIEWER USE ONLY

Agent and Status:

Vehicle Suspected:

Foodworker implicated? Y or N
Death? Y or N School?

Part 1: Basic Information

1. Report Type

A. ☑ Please check if this a final report

Los Angeles County

B. OB#2011-246

☐ Please check if data does not support a FOODBORNE outbreak

2. Number of Cases

Lab-confirmed cases 4 (A)
Including 0 secondary cases

Probable cases 4 (B)
Including 0 secondary cases

Estimated total ill 8 (C)

(C can be ≥ than the sum of A+B; C must be equal or less than Total Cases in Section 12 on page 3.)

3. Dates

Please enter as many dates as possible

Date first case became ill: 09/21/2011 (Month Day Year)

Date last case became ill: 09/23/2011 (Month Day Year)

Date first known exposure: 09/20/2011 (Month Day Year)

Date last known exposure: 09/20/2011 (Month Day Year)

IF onset is prior to the exposure date for the outbreak, please explain (e.g., ill foodhandler):

4. Location of Exposure

Reporting state CA

If multiple states involved:
☐ Exposure occurred in multiple states
☐ Exposure occurred in single state, but cases resided in multiple states
Other states:

Reporting county Los Angeles

If multiple counties involved:
☐ Exposure occurred in multiple counties
☑ Exposure occurred in one county, but cases resided in multiple counties
Other counties:
Oregon

5. Approximate Percentage of Cases in Each Age Group

<1 year 0 % | 20-49 yrs 88 %
1-4 yrs 0 % | ≥50 yrs 0 %
5-19 yrs 12 % | Unknown 0 %

6. Sex

(Estimated percent of the total cases)

Male 50 %

Female 50 %

7. Investigation Methods (Check all that apply)

☑ Interviews of only cases
☑ Food preparation review
☐ Investigation at factory or production plant
☐ Investigation at original source (farm, marine estuary, etc.)
☐ Food product trace back
☐ Environment / food sample cultures
☐ Case-control study *
☐ Cohort study *

* Please attach document.

8. Implicated Food(s): (Please provide known information)

Name of Food	Main Ingredient(s)	Contaminated Ingredient(s)	Reason(s) Suspected (See codes just below)	Method of Preparation (See attached codes)
e.g., Caesar Salad	e.g., lettuce, croutons, Parmesan cheese, home made egg-based dressing	e.g., Eggs	e.g., 4	e.g., M1
1) Turkey Sandwich	bread, turkey, lettuce, tomato	Unknown	3, 5	M12, M6
2)				
3)				

☐ Food vehicle undetermined *If unknown, check the box; any comments should be entered in the Remarks, or attach additional sheet if necessary.*

Reason Suspected (List above all that apply)

1 - Statistical evidence from epidemiological investigation**
2 - Laboratory evidence (e.g., identification of agent in food)
3 - Compelling supportive information
4 - Other data (e.g., same phage type found on farm that supplied eggs)
5 - Specific evidence lacking but prior experience makes it likely source

** If reason suspected is (1) statistical evidence from epidemiological investigation, please provide a table with the statistical results for the case control or the cohort study. For each item investigated, include attack rate or % of cases and controls who consumed each item, OR/RR and confidence interval or p value for each. Samples and tables of case control and cohort studies are available on IDB/SSS form site.

PLEASE NOTE: upon the completion of this report, as with most of the case histories, this report should be submitted to the State by YOUR CD REPORTING CLERK along with a Weekly Morbidity by Place of Report. The report will be input in eFORS and reviewed by our medical officers. Please do not alter any text on the hard copy. There is no need to submit any in-house worksheets or questionnaire. Thank you for your effort. - Surveillance & Statistics Section

* Please see CDC's Guidelines for Confirmation of Foodborne-Disease Outbreaks:
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5510a3.htm

9. Etiology: (Name the bacteria, virus, parasite, or toxin. 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/mmwr/preview/mmwrhtml/ss5510a3.htm)

Etiology		Serotype	Other Characteristics (e.g., phage type)	Detected In (Use codes 1,2,3,4 just below)
1) Salmonella	☑ Confirmed ☐ Suspected	Heidelberg		1
2)	☐ Confirmed ☐ Suspected			
3)	☐ Confirmed ☐ Suspected			

☐ Etiology undetermined — If unknown, check the box. Any comments should be entered in the Remarks, or attach additional sheet if necessary.

Detected In (List above all that apply)

1 - Patient Specimen(s) 2 - Food Specimen(s) 3 -Environment specimen(s) 4 - Food Worker specimen(s)

10. Isolate Subtype

State Lab ID	PFGE (PulseNet designation)	PFGE (PulseNet designation)	
1) [redacted]			JF6X01.0045
2) [redacted]			JF6X01.0045
3) [redacted]			JF6X01.0045

11. Contributing Factors (Check all that apply. See attached codes and explanations)

☐ **Contributing factors unknown**

On screen, select either the LIST or Pg 6 button will bring you to page 6 where you can check the boxes, it will reflect on this page.

Contamination Factor

☐C1 ☐C2 ☐C3 ☐C4 ☐C5 ☑C6 ☐C7 ☐C8 ☐C9 ☐C10 ☐C11 ☐C12 ☐C13 ☐C14 ☐C15 (*describe in Comments*) ☐N/A

Proliferation/Amplification Factor (bacterial outbreaks only)

☐P1 ☐P2 ☐P3 ☑P4 ☐P5 ☐P6 ☐P7 ☐P8 ☐P9 ☐P10 ☐P11 ☐P12 (*describe in Comments*) ☐N/A

Survival Factor (microbial outbreaks only)

☑S1 ☐S2 ☐S3 ☐S4 ☐S5 (*describe in Comments*) ☐N/A

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

If yes, please check only one of following

- ☐ laboratory *and* epidemiologic evidence
- ☐ epidemiologic evidence (w/o lab confirmation)
- ☐ lab evidence (w/o epidemiologic evidence)
- ☐ prior experience makes this the likely source (*please explain in Comments*)

Please do not leave this question unanswered.

Part 2: Additional Information

12. Symptoms, Signs and Outcomes

Feature	Cases with outcome/ feature	Total cases* for whom you have information available
Healthcare provider visit	2	8
Hospitalization	0	8
Death	0	8
Vomiting	2	8
Diarrhea	7	8
Bloody stools	0	8
Fever	4	8
Abdominal cramps	6	8
HUS or TTP	0	8
Asymptomatic	0	8
*		
*		
*		

*Total cases must be equal or less than #3 Estimated Total Ill on page 1; otherwise, eFORS will reject the data.

13. Incubation Period
(Circle appropriate units)

Shortest 0.80 (Hours, Days)

Longest 2.30 (Hours, Days)

Median 1.90 (Hours, Days)

☐ Unknown

14. Duration of Illness
(Among those who recovered)
(Circle appropriate units)

Shortest 2.00 (Hours, Days)

Longest 7.00 (Hours, Days)

Median 4.40 (Hours, Days)

☐ Unknown

* Use the following terms, if appropriate, to describe other common characteristics of cases

Anaphylaxis	Headache	Tachycardia
Arthralgia	Hypotension	Temperature reversal
Bradycardia	Itching	Thromobocytopenia
Bullous skin lesions	Jaundice	Urticaria
Coma	Lethargy	Wheezing
Cough	Myalgia	
Descending paralysis	Paresthesia	
Diplopia	Septicemia	
Flushing	Sore throat	

15. If Cohort Investigation Conducted:

Attack rate (for those exposed to the implicated vehicle)* = _____ / _____ x 100 = _____%
(Exposed and ill / Total number exposed for whom you have illness information)

* The attack rate is applied to persons in a cohort who were exposed to the implicated vehicle. The numerator is the number of persons who were exposed and became ill; the denominator is the total number of persons exposed to the implicated vehicle. If the vehicle is unknown, then the attack rate should not be calculated.

16. Location Where Food Was Prepared
(Check all that apply)

- ☐ Restaurant or deli
- ☐ Day care center
- ☐ School
- ☐ Office setting
- ☐ Workplace cafeteria
- ☐ Banquet Facility
- ☐ Picnic
- ☑ Caterer
- ☐ Grocery Store
- ☐ Nursing home
- ☐ Prison, jail
- ☐ Private home
- ☐ Workplace, not cafeteria
- ☐ Wedding reception
- ☐ Church, temple, etc
- ☐ Camp
- ☐ Contaminated food imported into U.S.
- ☐ Hospital
- ☐ Fair, festival, other temporary/ mobile services
- ☐ Commercial product, served without further preparation
- ☐ Unknown or undetermined
- ☐ Other (Describe) _____

17. Location of Exposure or Where Food Was Eaten
(Check all that apply)

- ☐ Restaurant or deli
- ☐ Day care center
- ☐ School
- ☐ Office Setting
- ☐ Workplace cafeteria
- ☐ Banquet Facility
- ☐ Picnic
- ☐ Grocery Store
- ☑ Fair, festival, temporary/ mobile service
- ☐ Unknown or undetermined
- ☐ Other (Describe) _____
- ☐ Nursing Home
- ☐ Prison, jail
- ☐ Private home
- ☐ Workplace, not cafeteria
- ☐ Wedding Reception
- ☐ Church, temple, etc.
- ☐ Camp
- ☐ Hospital

18. Trace back

☑ Please check if trace back conducted

Source to which trace back led: **Rocker Bros. Meat & Provisions, Inc. 405 Centinela Avenue Inglewood, CA**

Source (e.g., Chicken farm, Tomato processing plant)	Location of Source State	Country	Comments

19. Recall

☐ Please check if any food product recalled

Recall Comments

20. Available Reports (Pease attach)

☑ Unpublished agency report
☐ Epi-Aid report
☐ Publication (please reference if not attached)

21. Agency reporting this outbreak

Los Angeles County Dept. of Public Health

Contact person: *(Please complete info; we may need to contact you.)*

Name Roshan Reporter MD MPH
Title Medical Epidemiologist
Phone (213) 240-7941
Fax (213) 202-5999
E-mail rreporter@ph.lacounty.gov

22. Remarks *(Avoid "See attachment."; CDC does not ask for a copy of the doc.)*

Briefly describe important aspects of the outbreak not covered above (e.g., restaurant closure, immunoglobin administration, economic impact, etc)

All eight cases ate sandwiches prepared by this caterer, seven recalled eating a turkey sandwich and one could not remember the type of sandwich he ate. Reptiles were also present at this event and represent a potential source. No other reports of illness from this event have been received.

Part 3: School Questions

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

☐ Single
☐ Multiple (*If yes*, 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) (Please check all grades affected)
☐ 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 school(s)
☐ Public ☐ Private ☐ Unknown or Undetermined

3. Describe the preparation of the implicated item:

☐ 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/ fundraising event
☐ Made in the classroom
☐ Brought by a student/teacher/parent
☐ Other ____
☐ 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

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

☐ Yes
☐ No
☐ Unknown or Undetermined

*If there are multiple schools 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
- ☐ Purchased commercially by the state/school authority
- ☐ Other_____
- ☐ Unknown or Undetermined

Part 4: 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? (Ground beef that comes from a manufacturer packaged for sale and not altered or repackaged by the retailer)
   - ☐ Yes
   - ☐ No
   - ☐ Unknown or Undetermined

3. Was the beef ground or reground by the retailer?
   - ☐ Yes
   - ☐ No
   - ☐ Unknown or Undetermined

If yes, was anything added to the beef during grinding (e.g., shop trim or any product to alter the fat content)_____

Part 5: Mode of Transmission

(Enterohemorrhagic *E. coli* or *Salmonella* Enteritidis only)

1. Mode of Transmission (for greater than 50% of cases)

Select one:

- ☐ Food
- ☐ Person to person
- ☐ Swimming or recreational water
- ☐ Drinking water
- ☐ Contact with animals or their environment
- ☐ Unknown or Undetermined

Part 6: Additional Egg Questions

1. Were Eggs: (Check all that apply)

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

2. If eggs traced back to farm, was *Salmonella* Enteritidis found on the farm?

- ☐ Yes
- ☐ No
- ☐ Unknown or Undetermined

Comment:_____

BUSINESS NAME TRES LA

ADDRESS 2141 W. MANCHESTER BLVD. LA 90010

COMPUTER NO. 116543

HEALTH DISTRICT 10

DATE 9/30/11

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
Public Health Programs — Environmental Management

OFFICIAL INSPECTION REPORT

Continuation Sheet EP#17932

23) PROTECT READY TO EAT FOOD FROM POSSIBLE CONTAMINATION BY RAW MEAT, FISH, AND EGGS. OBSERVED OPEN CRATE OFF SHELL EGGS (1 CRACKED) STORED ABOVE BOX GRAPES, PINEAPPLES, AND PEARS. RELOCATED AT REQUEST.

27) PROVIDE AT LEAST A 3 FOOT HORIZONTAL CLEARANCE BETWEEN FLY TRAPS / ELIMINATION DEVICES. OBSERVED FLY (GLUE) TRAPS HANGING FROM CEILING ABOVE FOOD PREP. TABLE AND OTHER AREAS.

50a) DISCONTINUE USING WOOD BLOCKS TO ELEVATE TOP LOAD FREEZER OFF THE FLOOR. PROVIDE COASTERS OR OTHER MEANS TO FACILITATE CLEANING UNDERNEATH.

50b) DISCONTINUE USING A PIECE OF CARDBOARD TO MEASURE THEN CUT TORTILLAS. PROVIDE APPROVED UTENSIL.

ISSUED FOOD FACILITY INFO PACKET AND DISCUSSED COMMUNICABLE DISEASE REPORTING REQUIREMENTS AND NOROVIRUS HANDOUT WITH CHEF SCOTT MCDONOUGH.

Emelo Berg

RETAIL FOOD OFFICIAL INSPECTION REPORT

COUNTY OF LOS ANGELES ◆ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

EPI # 17932

DBA / NAME: TRES LA | SITE #: 116543 | DATE: 9/30/11 | EHS INITIALS: EC

OUT			OUT	N/A	N/O	COS
177	72. Public Health Permit	82. Specialized Process	187	188		190
178	73. Inspection Report					
179	74. Grade / Score	83. Person In Charge	191			
180	75. Public Notice					
181	76. Missing Invoice Copies	84. Demonstration of Knowledge	193	196	197	
182	77. County Business License (Unincorporated Areas)					
183	78. Signs – Handwashing / Smoking / Restroom	85. Hazard Analysis Critical Control Point (HACCP) Plan	199	200		202
184	79. Vending Machine – Name / Address / Phone Number					
185	80. Vending Machine – Record of Cleaning	86. Variance Documentation	203	204		206
186	81. No Construction Plans Submitted					

207	87. Sanitization – Food Contact Surfaces	98. Suspension of Public Health Permit	218
208	88. Handwashing – Employee	99. Administrative Review / Office Hearing	219
209	89. Delivery – Proper Inspection of Food	100. Referral – Plan Check	220
210	90. Cooking Temperatures	101. Referral – Other Agency or Department	221
211	91. Cooling Methods		
212	92. Holding Temperatures	102. No Food Preparation Observed at Time of Inspection	222
213	93. Thawing / Thawing Methods	103. No Potentially Hazardous Foods	223
214	94. Reheating		
215	95. Other (Specify):	104. Letter Grade / Score Card – Replacement	224
		105. Public Notice – Replacement	225
216	96. Food Facility Information Packet (Packet Date): 5/2011	106. Other:	226
217	97. Summary of Advisory Bulletins	107. Other:	227
		108. VOLUNTARY FOOD DISPOSAL: TOTAL _____ LBS.	228

SANITIZER TYPE			
✓	Chlorine	✓	Quaternary Ammonia
	Iodine		Other:

Meat	lbs	Dairy	lbs	Canned Good	lbs		
Seafood / Fish	lbs	Produce	lbs	Eggs	lbs		
Poultry	lbs	Nuts / Grains	lbs	Misc.	lbs		

POINT DEDUCTIONS PER SECTION				FINAL SCORE:	SCORE RANGE			
SECTION I	SECTION II	SECTION III	TOTAL	(100 – Total Deductions)	A 90 - 100	B 80 - 89	C 70 - 79	SCORE <70

1. Failure to correct the violations by the compliance date may result in additional fees of $ 125 for each additional re-inspection. 1. INITIALS EC
2. Your signature on this form does not constitute agreement with its contents. You may discuss the contents of this report or your grade with the department by contacting the supervisor at the Environmental Health Office indicated on page one of this report. Until such time as a decision is rendered by this department, the contents of this report and the grade shall remain in effect. 2. INITIALS
3. If you are not satisfied with your score or grade on this report, you may be eligible for an Owner Initiated Inspection, which may result in a change in your grade. Contact your Environmental Health office indicated on page one of this report within 3 business days for eligibility determination. The current fee for this inspection is $ _____ and the REQUEST MUST BE MADE NO LATER THAN ____/____/____ 3. INITIALS N/A

DAILY TEMPERATURE F12 Col

	TYPE OF FOOD	°F	PROCESS / HOLDING	LOCATION	TIME / METHOD	VIOL.	ACTION TAKEN	LBS.
A	PROSCIUTTO	38	HOLDING	WALK IN COOLER				
B	CRAB CAKES	36						
C	SHORT RIBS	37		(AMBIENT)				
D	SHELL EGGS	36						
E	BACON	37						

See Reverse Side For The General Requirements That Correspond To Each Violation Listed Above

PAGE 2 OF 3

It is improper and illegal for any County officer, employee or inspector to solicit bribes, gifts or gratuities in connection with performing their official duties. Improper solicitations include requests for anything of value such as cash, discounts, free services, paid travel or entertainment, or tangible items such as food or beverages. Any attempt by a County employee to solicit bribes, gifts or gratuities for any reason should be reported immediately to either the County manager responsible for supervising the employee or the Fraud Hotline at (800) 544 – 6861 or www.lacountyfraud.org. YOU MAY REMAIN ANONYMOUS

OPERATOR SIGNATURE

4184 (6-07)

DATE VIOLATIONS CORRECTED:	EHS INITIALS:
	OPERATOR INITIALS:

RETAIL FOOD OFFICIAL INSPECTION REPORT

COUNTY OF LOS ANGELES ❖ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

EPI# 17932

DBA / NAME: TRES LA
ADDRESS: 2141 W. MANCHESTER BLVD.
CITY / STATE: LOS ANGELES
ZIP CODE: 90047
PERMIT HOLDER: ALAN HOWARD DUNN
RECEIVED BY: (PRINT) Scott McDonough (SIGNATURE) [signature]
POSITION: [signature]
BUSINESS PHONE #: (323) 451-3638
EMERGENCY PHONE #:
INSPECTION DATE: 9/30/11
COMPLIANCE DATE(S): 10/7/11
TIME IN:
TIME OUT:
EHS: (PRINT) EMOKE CSENGERY
EHS: (SIGNATURE) [signature]
BUS. E-MAIL ADDRESS:
TOTAL PAGES: 3
SERVICE: 004 / 002 / 001 / X OTHER: 014
PROGRAM ELEMENT: 1602
SITE #: 116543
EXPIRATION YEAR: 2011
PERMIT #: 153750
SUBDISTRICT: 08
DISTRICT: 10

ENVIRONMENTAL HEALTH OFFICE
ENVIRONMENTAL HEALTH
Bureau of Specialized Surveillance and Enforcement
Food and Milk Program
5050 Commerce Drive
Baldwin Park, California 91706
(626) 430-5400

☐ No Violations Observed At Time Of Inspection ☐ Complaint Allegations Not Observed

OUT=Out of Compliance N/A=Not Applicable N/O=Not Observed COS=Corrected On Site

OUT	N/A	N/O	COS	FOOD TEMPERATURES	OUT	N/A	N/O	COS	FOOD
1	2	3	4	1. Holding of PHF - Multiple Servings (Major)	37			40	10. Adulterated Food (Major)
5	6	(7)	8	2. Holding of Pooled Unpasteurized Shelled Eggs	41	(42)		44	11. Highly Susceptible Populations
9	10	11	12	3. Cooking	45	46		48	12. Unapproved Source - PHF (Major)
13	14	15	16	4. Reheating	OUT	N/A	N/O	COS	VERMIN
17	18	19	20	5. Cooling (Major)	49				13. Rodents - Active Infestation (Major)
OUT	N/A	N/O	COS	EMPLOYEE HEALTH	53				14. Cockroaches - Active Infestation (Major)
21			24	6. Disease Transmission – Carrier / Wound (Major)	57				15. Flies – (Major)
25		27	28	7. Handwashing – Employee Did Not Wash Hands	OUT	N/A	N/O	COS	WATER & SANITATION
OUT	N/A	N/O	COS	SEWAGE	61	62	63	64	16. Clean / Sanitizing – Food Contact Surfaces (Major)
29				8. Sewage Disposal System (Major)	65			68	17. No Water / No Hot Water – Food Preparation Facility (Major)
33				9. Toilets – No Operable Toilets					

OUT	N/A	N/O	COS	FOOD TEMPERATURES	OUT	N/A	N/O	COS	FOOD
69	70	71	72	18. Holding of PHF – Multiple Servings (Minor)	(105)			108	27. Risk For Contamination
73	74	75	76	19. Holding of PHF – Single Serving (Minor)	109			112	28. Unapproved Source – Non-PHF (Minor)
77	78	79	80	20. Holding of Unpasteurized Raw Shell Eggs	113	114	115	116	29. Reused / Reserved
81	82	83	84	21. Cooling – Improper Method (Minor)	OUT	N/A	N/O	COS	EMPLOYEES
OUT	N/A	N/O	COS	FOOD PROTECTION	117			120	30. Hazardous Materials / Chemicals (Major)
85			88	22. Improperly Covered / Labeled / Elevated	121		123	124	31. Employee Practices (Minor)
(89)	90		(92)	23. Ready to Eat Food – Exposed to Possible Contamination	OUT	N/A	N/O	COS	CONSUMER INFORMATION
93			96	24. Food Not Protected From Consumer	125	(126)	127	128	32. Oyster Warning Signs
OUT	N/A	N/O	COS	PLUMBING / CROSS-CONNECTIONS	129			132	33. Labels / Misrepresented – Consumer Foods
97			100	25. Backflow / Back Siphonage	133	(134)	135	136	34. Disclosure Notification
101			104	26. Critical Sink/Fixture (Handwashing / Mop Sink / Food Prep Sink)	OUT	N/A	N/O	COS	FOOD SAFETY CERTIFICATE
					137	138	139		35. Valid Food Safety Certification

OUT	FOOD	OUT	VERMIN
141	36. Thawing – Improper Method	161	56. Rodents – No Active Infestation (Minor)
142	37. Pure Food / Spoilage (Minor)	162	57. Cockroaches – No Active Infestation (Minor)
143	38. Improper Inspection at Delivery / Transportation	163	58. Other Insects (Minor)
OUT	UTENSILS / EQUIPMENT	164	59. Open Door / Air Curtain / Not Fully Enclosed
144	39. Customer Self-Service Utensils	OUT	PLUMBING
145	40. Dispenser – Disrepair / Unapproved / Supplies / Missing / Time	165	60. Sink and Fixtures / Supply Line – Leaking / Not Clean / Disrepair / Unapproved
146	41. Hair Restraints / Outer Garments / Nails / Ring(s)		
147	42. Shellfish Tags – Not Retained for 90 Days	166	61. Drain Line / Floor Sink / Drain-Unapproved Discharge / Installation / Materials / Leaking / Clogged / Not Clean
148	43. Hazardous Materials / Chemicals (Minor)		
149	44. Spoils Area	167	62. No Hot Water (Minor)
150	45. Interior Premises / Linens / Living – Sleeping Quarters	OUT	VENTILATION / LIGHTING
151	46. Animal / Bird / Fowl	168	63. Hood – Not Clean / Disrepair / Missing Filter(s)
OUT	EQUIPMENT / UTENSILS / LINENS	169	64. Ventilation – Equipment Use
152	47. Disrepair	170	65. Ventilation – General
153	48. Non – Food Contact Surfaces – Not Clean (Minor)	171	66. Lighting / Light Shields
154	49. Storage	OUT	TOILETS / DRESSING ROOMS
(155)	50. Unapproved Type / Improper Use / Improper Installation	172	67. Toilets / Toilet Room–Disrepair / Inadequate # / Not Clean / Self Closing Device / Toilet Tissue
156	51. Wiping Cloths – Not Clean / Inadequate Sanitizer / Storage		
157	52. Improper Concentration / Temperature / Missing Supplies	173	68. Dressing Room / Personal Items
158	53. Thermometer – Refrigeration / Probe / Warewashing	OUT	REFUSE / PREMISES / JANITORIAL
OUT	WALLS / CEILING / FLOORS	174	69. Janitorial – Storage & Conditions
159	54. Deterioration / Unapproved Materials	175	70. Refuse / Containers
160	55. Not Clean	176	71. Exterior Premises

See Reverse Side For The General Requirements That Correspond To Each Violation Listed Above

H134 (6-07)

On screen, you may check any boxes on this page; they will be reflected on page 2.

This outbreak report, as with most of the case history reports, should come to us VIA your CD reporting staff, along with the Weekly Morbidity by Place of Report. - Surveillance & Statistics Section 03/07

There is no need to send this page with the report.

Contamination Factors:[1]

- ☐ C1 - Toxic substance part of tissue (e.g., ciguatera)
- ☐ C2 - Poisonous substance intentionally added (e.g., cyanide or phenolphthalein added to cause illness)
- ☐ C3 - Poisonous or physical substance accidentally/incidentally added (e.g., sanitizer or cleaning compound)
- ☐ C4 - Addition of excessive quantities of ingredients that are toxic under these situations (e.g., niacin poisoning in bread)
- ☐ C5 - Toxic container or pipelines (e.g., galvanized containers with acid food, copper pipe with carbonated beverages)
- ☑ C6 - Raw product/ingredient contaminated by pathogens from animal or environment (e.g., *Salmonella* enteriditis in egg, Norwalk in shellfish, *E. coli* in sprouts)
- ☐ C7 - Ingestion of contaminated raw products (e.g., raw shellfish, produce, eggs)
- ☐ C8 - Obtaining foods from polluted sources (e.g., shellfish)
- ☐ C9 - Cross-contamination from raw ingredient of animal origin (e.g., raw poultry on the cutting board)
- ☐ C10 - Bare-handed contact by handler/worker/preparer (e.g., with ready-to-eat food)
- ☐ C11 - Glove-handed contact by handler/worker/preparer (e.g., with ready-to-eat food)
- ☐ C12 - Handling by an infected person or carrier of pathogen (e.g., *Staphylococcus*, *Salmonella*, Norwalk agent)
- ☐ C13 - Inadequate cleaning of processing/preparation equipment/utensils B leads to contamination of vehicle (e.g., cutting boards)
- ☐ C14 - Storage in contaminated environment B leads to contamination of vehicle (e.g., store room, refrigerator)
- ☐ C15 - Other source of contamination (*please describe in Comments*)

Proliferation/Amplification Factors:[1]

- ☐ P1 - Allowing foods to remain at room or warm outdoor temperature for several hours (e.g., during preparation or holding for service)
- ☐ P2 - Slow cooling (e.g., deep containers or large roasts)
- ☐ P3 - Inadequate cold-holding temperatures (e.g., refrigerator inadequate/not working, iced holding inadequate)
- ☑ P4 - Preparing foods a half day or more before serving (e.g., banquet preparation a day in advance)
- ☐ P5 - Prolonged cold storage for several weeks (e.g., permits slow growth of psychrophilic pathogens)
- ☐ P6 - Insufficient time and/or temperature during hot holding (e.g., malfunctioning equipment, too large a mass of food)
- ☐ P7 - Insufficient acidification (e.g., home canned foods)
- ☐ P8 - Insufficiently low water activity (e.g., smoked/salted fish)
- ☐ P9 - Inadequate thawing of frozen products (e.g., room thawing)
- ☐ P10 - Anaerobic packaging/Modified atmosphere (e.g., vacuum packed fish, salad in gas flushed bag)
- ☐ P11 - Inadequate fermentation (e.g., processed meat, cheese)
- ☐ P12 - Other situations that promote or allow microbial growth or toxic production (*please describe in Comments*)

Survival Factors:[1]

- ☑ S1 - Insufficient time and/or temperature during initial cooking/heat processing (e.g., roasted meats/poultry, canned foods, pasteurization)
- ☐ S2 - Insufficient time and/or temperature during reheating (e.g., sauces, roasts)
- ☐ S3 - Inadequate acidification (e.g., mayonnaise, tomatoes canned)
- ☐ S4 - Insufficient thawing, followed by insufficient cooking (e.g., frozen turkey)
- ☐ S5 - Other process failures that permit the agent to survive (*please describe in Comments*)

Method of Preparation:[2]

- ☐ M1 - Foods eaten raw or lightly cooked (e.g., hard shell clams, sunny side up eggs)
- ☐ M2 - Solid masses of potentially hazardous foods (e.g., casseroles, lasagna, stuffing)
- ☐ M3 - Multiple foods (e.g., smorgasbord, buffet)
- ☐ M4 - Cook/serve foods (e.g., steak, fish fillet)
- ☐ M5 - Natural toxicant (e.g., poisonous mushrooms, paralytic shellfish poisoning)
- ☐ M6 - Roasted meat/poultry (e.g., roast beef, roast turkey)
- ☐ M7 - Salads prepared with one or more cooked ingredients (e.g., macaroni, potato, tuna)
- ☐ M8 - Liquid or semi-solid mixtures of potentially hazardous foods (e.g., gravy, chili, sauce)
- ☐ M9 - Chemical contamination (e.g., heavy metal, pesticide)
- ☐ M10 - Baked goods (e.g., pies, eclairs)
- ☐ M11 - Commercially processed foods (e.g., canned fruits and vegetables, ice cream)
- ☐ M12 - Sandwiches (e.g., hot dog, hamburger, Monte Cristo)
- ☐ M13 - Beverages (e.g., carbonated and non-carbonated, milk)
- ☐ M14 - Salads with raw ingredients (e.g., green salad, fruit salad)
- ☐ M15 - Other, does not fit into above categories (*please describe in Comments*)
- ☐ M16 - Unknown, vehicle was not identified

[1] Frank L. Bryan, John J. Guzewich, and Ewen C. D. Todd. Surveillance of Foodborne Disease III. Summary and Presentation of Data on Vehicles and Contributory Factors; Their Value and Limitations. Journal of Food Protection, 60; 6:701-714, 1997.

[2] Weingold, S. E., Guzewich JJ, and Fudala JK. Use of foodborne disease data for HACCP risk assessment. Journal of Food Protection, 57; 9:820-830, 1994.