





## **Suspected Contamination Incident Report**

## **1. Describe Event:**

Please use the figure to note details of suspect's appearance.



Witnesses: Names	Phone Numbers

License number of suspect's vehicle?	
Other people associated with the attack?	
Food product suspected to have been contaminated?	
When was this product made?	
Location of incident:	
How did you learn of the incident?	
Was there video surveillance?	
Any known agent used?	
Suspect's observed activities:	
2. Date: Time of incident: am pm	
<ul> <li>3. Did manager close restaurant due to incident?</li> <li>Yes INO</li> <li>Suspect food isolated and protected from disturbance?</li> </ul>	
<ul> <li>4. Notification/Reporting of incident:</li> <li>Life threatening situation: 911</li> <li>Portland Police: 503-823-3333</li> <li>Health Department: 503-988-3400     <ul> <li>(if food may have been served to people)</li> <li>Restaurant owner/management:</li> <li>Other:</li> </ul> </li> </ul>	
Person completing this report:	