SCHOOL-BASED FEEDING PROGRAM (SBFP) FOOD SAFETY INCIDENT REPORT

Type of Report :
- ☐ Initial
- ☐ Final

Sources of Information : _____
Number of Persons Affected : _____
Food Item of Concern :
- ☐ Hot Meals
- ☐ Nutritious Food Products (Pls specify _____)
- ☐ Pasteurized Milk
- ☐ Sterilized Milk
- ☐ Powdered Milk
- ☐ Ready-to-Drink Milk

Nature of Incident : _____
Date of Incident : _____
Time of Incident : _____
Place of Incident : _____

BRIEF HISTORY OF THE INCIDENT: (In chronological order)

(If learners are involved, provide names, symptoms experienced, actions taken by the school, recommendations, pictures, and other relevant details.)

(If the incident is about unfit/spoiled food products, provide the name of the product, manufacturer, quantity, date and time received, recommendations, pictures, and other relevant details.)

Division:
Name of School:
School District:
Prepared by : _____
Reviewed by : _____
Witnessed by: _____
Noted by : _____