

## ***Foodborne Illness Outbreak Investigation Summary***

### ***Society of Professional Journalists Awards Banquet, Bali Hai Restaurant, July 29, 2015***

On Friday, July 31, 2015, the County of San Diego Epidemiology Program was notified of an outbreak of gastrointestinal illness following a buffet style dinner served to 172 attendees of the San Diego Society of Professional Journalists awards banquet, held at the Bali Hai Restaurant in Shelter Island on July 29, 2015. An investigation was initiated to identify the cause and scope of illnesses among the banquet attendees and recommend appropriate prevention and control measures.

#### ***Epidemiological Investigation***

Illness and food histories were collected for 84 (49%) out of 172 attendees; of these, 50 (59.5%) met the outbreak case definition, indicating that they presented with vomiting and/or diarrhea ( $\geq 3$  loose stools in a 24-hour period) within  $\approx 72$  hours of exposure at the event. Eight individuals reported illness, but did not meet the outbreak case definition (i.e., vomiting and/or  $\geq 3$  loose stools in a 24-hour period), and were therefore excluded from the analysis.

Of the 84 individuals who responded, 14 (16.7%) reported a total of 17 household or other close contacts with similar illness. Of these 17, ten were among the banquet attendees; as for the remaining seven ill contacts, it was unclear whether they were at the event or were possibly secondary cases with person-to-person transmission.

Of 50 individuals who met the outbreak case definition, 44 (88.0%) presented with vomiting, 48 (96.0%) had diarrhea; 44 (88.0%) and 39 (78.0%) complained of abdominal cramps and body aches, respectively (Table 1). Illness onset dates ranged from July 30 to August 1, 2015 (Figure 1). Three individuals sought medical care, including one patient who was hospitalized for  $\geq 24$  hours. Median incubation period was 32 hours (range: 5.5-72.5 hours). Duration of illness ranged from 2 to 96 hours with a median of 24 hours. For patients with available information, ages ranged from 19 to 92 years, with a median age of 48 years; 30 (60.0%) were female.

The self-serve buffet menu included 3 main entrées (Jerk-spiced and pineapple-rum glaze pork loin, Teriyaki-roasted chicken, and Blackened salmon with roasted corn relish), 2 sides (vegetable fried rice and garlic mashed potatoes), 4 salads (House blend local greens with ginger plum vinaigrette, Island-style potato salad, Thai Caesar salad and Asian chopped salad), dessert (carrot cake), and various beverage items with or without ice.

A case-control analysis was performed to identify possible food exposures associated with illness (Table 2). A statistically significant association was found between illness and exposure to ice (Odds Ratio = 4.06, 95% Confidence Interval: 1.31-12.62;  $P$  value = 0.01); odds of exposure to ice was 4 times greater among cases than among controls. Statistically speaking, no other food or beverage items were significantly associated with illness.

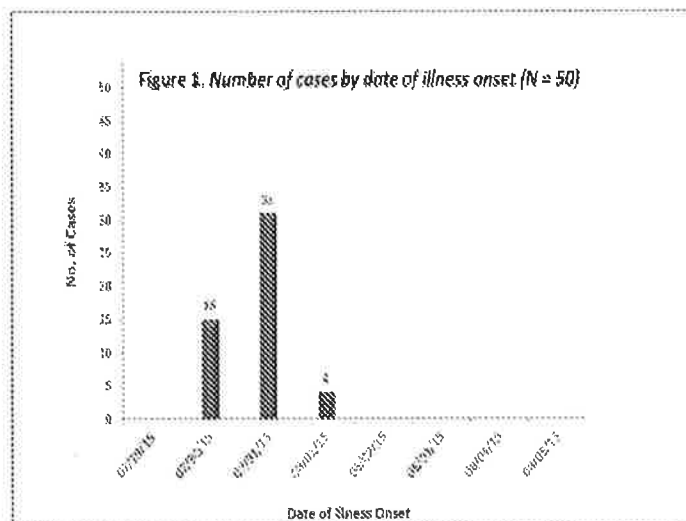
#### ***Microbiological Investigation***

Of 8 ill individuals who submitted stool samples for testing, 7 (87.5%) were positive for Norovirus genogroup I (GI) RNA by Polymerase Chain Reaction (PCR) testing performed at the San Diego County Public Health Laboratory (SDCPHL). Of these, 5 were genotype 1 by sequence analysis performed at the California Department of Public Health Viral and Rickettsial Disease Laboratory.

#### ***Environmental Health Investigation***

Environmental health investigation at the restaurant included a detailed assessment of food preparation methods, food safety and hygiene practices, and food employees' health status. Recommendations for Norovirus cleaning were made to prevent additional cases.

Of 56 food employees who worked on July 29, only 6 were identified as specifically working at the event: 1 bartender, 3 servers and 2 cooks; none reported gastrointestinal illness during the week prior to the event. Two ill food workers (a line cook and a bartender) who did not work at the event were interviewed in detail regarding their job duties, work schedules, and illness onset dates/times and durations; none reported working while symptomatic. The line cook was out sick from July 27 to July 30; he returned to work on July 31. The bartender became ill one day after the event on July 30. None submitted stool samples to SDCPHL for Norovirus testing.



**Table 1. Symptoms reported among cases (N = 50)**

Symptoms	No. of Cases (%)
Nausea	47 (94%)
Vomiting	44 (88%)
Diarrhea	48 (96%)
Abdominal cramps	44 (88%)
Fever	24 (48%)
Chills	30 (60%)
Headache	33 (66%)
Body aches	39 (78%)
Weakness	45 (90%)
Fatigue	46 (92%)

**Table 2. Food-specific analysis**

Society of Professional Journalists Award Banquet, Bali Hai Restaurant, July 29, 2015													
Food	Cases				Controls				Odds Ratio	Lower 95% CI†	Upper 95% CI†	Chi-square	
	Ate	Did Not Eat	Total	%Ate	Ate	Did Not Eat	Total	%Ate				Value	P-Value*
Jerk-Spiced Pork Loin	28	22	50	56.00	12	14	26	46.15	1.49	.57	3.85	.67	.41
Teriyaki-Roasted Chicken	26	24	50	52.00	12	14	26	46.15	1.26	.49	3.27	.23	.63
Blackened Salmon	31	19	50	62.00	21	5	26	80.77	.39	.13	1.20	2.79	.09
Roasted Corn Relish	4	44	48	8.33	3	23	26	11.54	.70	.14	3.38	.20	.65
Vegetable Fried Rice	31	17	48	64.58	12	13	25	48.00	1.98	.74	5.28	1.87	.17
Grilled Mashed Potatoes	31	19	50	62.00	13	13	26	50.00	1.63	.63	4.25	1.01	.31
House Blend Local Greens	28	22	50	56.00	15	11	26	57.69	.93	.36	2.43	.02	.89
Ginger Plum Vinaigrette	9	35	44	20.45	3	18	21	14.29	1.54	.37	6.42	.36	.55
Island-Style Potato Salad	26	23	49	53.06	10	16	26	38.46	1.81	.69	4.77	1.45	.23
Thai Caesar Salad	33	13	46	71.74	17	9	26	65.38	1.34	.48	3.77	.32	.57
Asian Chopped Salad	21	27	48	43.75	8	18	26	30.77	1.75	.64	4.80	1.19	.27
Carrot Cake	30	20	50	60.00	19	7	26	73.08	.55	.20	1.56	1.28	.26
Coffee	7	43	50	14.00	8	18	26	30.77	.37	.12	1.16	3.04	.08
Tea (hot)	0	50	50	0.00	0	26	26	0.00	NC†	NC†	NC†	NC†	NC†
Iced Tea	1	49	50	2.00	0	26	26	0.00	NC†	NC†	NC†	.53	.47
Beer	2	48	50	4.00	5	21	26	19.23	.18	.03	.98	4.75	.03
Wine	16	34	50	32.00	12	14	26	46.15	.55	.21	1.45	1.47	.22
Soda	8	42	50	16.00	1	25	26	3.85	4.76	.56	40.35	2.42	.12
Water	37	12	49	75.51	17	9	26	65.38	1.63	.58	4.61	.86	.35
Ice	26	16	42	61.90	6	15	21	28.57	4.06	1.31	12.62	6.22	.01

† CI, Confidence interval for the odds ratio

‡ NC, not calculable or undefined

\* Statistically significant at  $P < 0.05$

California Department of Public Health  
 Center for Infectious Diseases  
 Division of Communicable Disease Control  
 Infectious Diseases Branch  
 Surveillance and Statistics Section  
 MS 7306, P.O. Box 997377  
 Sacramento, CA 95899-7377

Local ID Number (Please use the same ID number on preliminary and final reports to allow linkage to the same outbreak.)

15-219

Report Status

☐ Preliminary  
☒ Final

STATE USE ONLY	State ID		CDC ID
	SSS Rec	Entry Date	File Date

## FOODBORNE DISEASE OUTBREAK REPORT

### INSTRUCTIONS

Please use this form to report:

- Two or more cases of similar illness from separate households resulting from the ingestion of a common food, OR
- Two or more cases of illness resulting from ingestion of food confirmed or suspected to be contaminated with botulism, marine toxins, or other chemicals.

Detailed instructions for completing this form can be found on the California Department of Public Health website at: <http://www.cdph.ca.gov/pubsforms/forms/Documents/CDPH8567-Instructions.pdf>.

### 1. FOODHANDLER

Was a foodhandler implicated as the source of contamination? (required)

☐ Yes ☒ No

If Yes, specify (check only one)

☐ Laboratory evidence      ☐ Laboratory and epidemiologic evidence  
☐ Epidemiologic evidence      ☐ Prior experience makes this the likely source

Please note: The purpose of this report is to capture information about the actual outbreak itself. If a FOODHANDLER was implicated as the source of contamination, do NOT include the foodhandler's information in any section of this report that asks about case information; that is, do NOT include the foodhandler in the case count, demographic data, any date fields, etc. Additional information about an implicated foodhandler may be included in the "Remarks" section at the end of this report. If any foodhandlers are involved in the outbreak as cases (not the source), they SHOULD be included in case information.

### 2. INVESTIGATION METHODS

Investigation Methods (check all that apply)

☐ Interviews only of ill persons      ☐ Investigation at original source (e.g., farm, marine estuary, etc.)  
☒ Case-control study (please attach report and / or tables)      ☐ Food product traceback  
☐ Cohort study (please attach report and / or tables)      ☐ Environmental or food sample testing  
☒ Food preparation review      ☐ Other (describe):  
☐ Investigation at factory or production plant

Comments

### 3. DATES (PRIMARY CASES ONLY)

Date First Case Became Ill (required, mm/dd/yyyy) 07/30/2015	Date Last Case Became Ill (mm/dd/yyyy) 08/01/2015	Date of Initial Exposure (mm/dd/yyyy) 07/29/2015	Date of Last Exposure (mm/dd/yyyy) 07/29/2015
Date LHD or State First Notified of This Outbreak (mm/dd/yyyy) 07/31/2015		Time LHD or State First Notified of This Outbreak (hh:mm) 12:23	Specify AM / PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Date Investigation Initiated (mm/dd/yyyy) 07/31/2015		Time Investigation Initiated (hh:mm) 12:39	Specify AM / PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

### 4. GEOGRAPHIC LOCATION

Reporting State

☒ California ☐ Other: \_\_\_\_\_

If Multiple States Involved

☐ Exposure occurred in multiple states  
☐ Exposure occurred in a single state, but cases resided in multiple states

If Multiple States Involved, List Additional States

Reporting Local Health Jurisdiction

San Diego

If Multiple Local Health Jurisdictions Involved

☐ Exposure occurred in multiple jurisdictions  
☐ Exposure occurred in a single jurisdiction, but cases resided in multiple jurisdictions

If Multiple Local Health Jurisdictions Involved, List Additional Local Health Jurisdictions

Name of Facility Where Exposure Occurred (If publicly available)

Bali Hai Restaurant

City / Town of Exposure

Shelter Island

Local ID Number: 15-219

**5. PRIMARY CASES (DO NOT INCLUDE IMPLICATED FOODHANDLERS IN CASE COUNTS)***Case Definition (e.g., person, place, time)*

Vomiting and/or diarrhea (≥3 loose stools in a 24-hour period) within approximately 72 hours of exposure at the San Diego Society of Professional Journalists awards banquet held at the Bali Hai Restaurant in Shelter Island on Wednesday, July 29, 2015

Characteristic	Specify as Noted		Characteristic	Specify as Noted			
Number of Primary Cases	# Lab-confirmed Cases	7	Sex (round %s to total 100)	% Male	40		
	# Probable Cases	43		% Female	60		
	# Estimated Total Primary Ill (required)	50		% Unknown			
Characteristic	# Cases	Total # Cases for Whom Information is Available	Age Group (round %s to total 100)	% < 1 Year			
Death (required)	0	50		% 1 - 4 Years			
Hospitalized Overnight (required)	1	50		% 5 - 9 Years			
Visited Emergency Room (required)	1	50		% 10 - 19 Years	2		
Visited Health Care Provider (including Urgent Care visits but excluding ER visits, required)	1	50		% 20 - 49 Years	46		
				% 50 - 74 Years	44		
				% ≥ 75 Years	2	% Unknown	6

**6. INCUBATION PERIOD (PRIMARY CASES ONLY)**

Is incubation period known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total # Cases for Whom Information is Available	Incubation Period		Specify Units	
		Shortest	5.5	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days
		Median	32.0	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days
		Longest	72.5	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days

**7. DURATION OF ILLNESS (AMONG RECOVERED PRIMARY CASES ONLY)**

Is duration of illness known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total # Cases for Whom Information is Available	Duration of Illness		Specify Units	
		Shortest	2.0	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days
		Median	24.0	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days
		Longest	96.0	<input type="checkbox"/> Min	<input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days

**8. SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)**

Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available	Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available
Vomiting	44	50	Hemolytic uremic syndrome (for STEC only)		
Diarrhea	48	50	Asymptomatic		
Bloody stools	0	50	Other*: <u>Body aches</u>	39	50
Fever	24	50	Other*: <u>Weakness</u>	45	50
Abdominal cramps	44	50	Other*: <u>Fatigue</u>	46	50

\* Please list any additional symptoms that affected a significant proportion of cases. See list on page 8.

**9. SECONDARY CASES**

# Lab-confirmed Secondary Cases	# Probable Secondary Cases	# Estimated Total Secondary Cases	# Total Cases (primary + secondary)
0	0	0	50

Local ID Number: 15-219

**10. TRACEBACK**

Was traceback conducted? <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, was a source identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify source(s) to which traceback led below.
---	---	---

**11. TRACEBACK – DETAILS**

Source Name 1 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)	
	Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
	Comments	
Source Name 2 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)	
	Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
	Comments	

**12. RECALL AND CONTROL MEASURES**

Was any food product recalled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, type of item recalled
Recall Comments	

Other Control Measures	
<input checked="" type="checkbox"/> Food facility inspection <input type="checkbox"/> Food preparation education <input checked="" type="checkbox"/> Other (describe):	Norovirus disinfection and infection control

**13. ETIOLOGY (PRIMARY CASES ONLY)**

Is etiology known or suspected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Skip to Etiology - Details sections 14.1 and 14.2. Specify details of all confirmed and suspected etiologies. Name the bacterium, chemical / toxin, virus, or parasite. If available, include the species, serotype, and other characteristics such as phage type, virulence factors, and metabolic profile.		
	If No:	Were patient specimens collected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	How many patients had specimens collected and tested? 7	What were they tested for? (check all that apply) <input checked="" type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals / toxins <input checked="" type="checkbox"/> Viruses <input type="checkbox"/> Parasites

**14.1 ETIOLOGY #1 – DETAILS (PRIMARY CASES ONLY)**

<b>Etiology 1</b> <input type="checkbox"/> <i>Bacillus cereus</i> toxin <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Clostridium botulinum</i> toxin <input type="checkbox"/> <i>Clostridium perfringens</i> toxin <input type="checkbox"/> <i>E. coli</i> / STEC <input checked="" type="checkbox"/> Norovirus <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> <i>Shigella</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> <i>Vibrio</i> * <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk <i>*Please indicate species in "Other Characteristics".</i>	If <i>E. coli</i> / STEC, specify serotype <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: _____ <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk		
	If <i>Salmonella</i> , specify serotype <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:i:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other: _____		
	Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.) <b>Norovirus genogroup I, genotype 1</b>		
	Confirmed outbreak etiology**? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	What was it detected in? (check all that apply) <input checked="" type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen	# Lab-confirmed Primary Cases 7

\*\*For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician's diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and / or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC's *Guide to Confirming a Diagnosis in Foodborne Disease* at: [http://www.cdc.gov/outbreaknet/references\\_resources/guide\\_confirming\\_diagnosis.html](http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html).

Local ID Number: 15-219

**14.2 ETIOLOGY #2 – DETAILS (PRIMARY CASES ONLY)**

<b>Etiology 2</b> <input type="checkbox"/> <i>Bacillus cereus</i> toxin <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Clostridium botulinum</i> toxin <input type="checkbox"/> <i>Clostridium perfringens</i> toxin <input type="checkbox"/> <i>E. coli</i> / STEC <input type="checkbox"/> Norovirus <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> <i>Shigella</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> <i>Vibrio</i> * <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk <i>*Please indicate species in "Other Characteristics".</i>	<b>If <i>E. coli</i> / STEC, specify serotype</b> <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk		
	<b>If <i>Salmonella</i>, specify serotype</b> <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:i:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other: _____		
	<b>Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)</b>  		
	<b>Confirmed outbreak etiology**?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was it detected in? (check all that apply)</b> <input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen	<b># Lab-confirmed Primary Cases</b>  

\*\*For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician's diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and / or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC's *Guide to Confirming a Diagnosis in Foodborne Disease* at: [http://www.cdc.gov/outbreaknet/references\\_resources/guide\\_confirming\\_diagnosis.html](http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html).

**15. ISOLATES**

For bacterial pathogens, provide representative laboratory data for each distinct PFGE pattern, if available. For viral pathogens (norovirus and sapovirus), provide CaliciNet outbreak code, key, and genotype for each distinct strain identified in the outbreak, if available. If you do not have any isolates, enter "N/A" or "Unavailable" under "State or Local Lab ID" for Isolate 1.

Isolate 1	State or Local Lab ID 16-004945, 16-005269	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1 Norovirus genogroup I	CaliciNet Genotype / Other Molecular Designation 2
Isolate 2	State or Local Lab ID 16-004901, 16-004991, 16-005085, 16-004899	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1 Norovirus genogroup I, genotype 1	CaliciNet Genotype / Other Molecular Designation 2
Isolate 3	State or Local Lab ID V15T04526-01	CDC PulseNet or CaliciNet Outbreak Code
	CDC PulseNet Pattern Designation for Enzyme 1 Norovirus genogroup I, genotype 1	CDC PulseNet Pattern Designation for Enzyme 2
	CaliciNet Key / Other Molecular Designation 1	CaliciNet Genotype / Other Molecular Designation 2

**16. IMPLICATED FOODS**

<b>Was a food vehicle identified or suspected?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If No or Unk, skip to Section 18.	
<b>17.1 IMPLICATED FOOD #1 – DETAILS</b>		
Name of Food (e.g., beef lasagna) Ice	Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)	
Contaminated Ingredient(s) (e.g., ground beef)	<input checked="" type="checkbox"/> Unknown	Total # Primary Cases Exposed to Implicated Food 26

(continued on page 5)



Local ID Number: 15-219

**17.1 IMPLICATED FOOD #1 – DETAILS (continued)***Reason(s) Suspected (check 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 previous experience makes it likely source

*Method of Processing (prior to point-of service; processor; check all that apply)*

- ☐ 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)  
☐ 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)  
☐ 3 - Shredded or diced  
☐ 4 - Pre-packaged (e.g., bagged lettuce or other produce)  
☐ 5 - Irradiation  
☐ 6 - Pre-washed
- ☐ 7 - Frozen  
☐ 8 - Canned  
☐ 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)  
☐ 10 - Pressure treated (e.g., oysters, etc.)  
☐ 11 - Other or unknown

*Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)*

- ☐ 1 - Prepared in the home  
☐ 2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)  
☐ 3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)  
☐ 4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)  
☐ 5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)  
☐ 6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)  
☐ 7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)  
☐ 8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)  
☐ 9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)  
☐ 10 - Other or unknown

*Level of Preparation (check all that apply)*

- ☐ 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)  
☐ 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)  
☐ 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

*Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)*

- ☐ Yes, country known (specify): ☐ Yes, country unknown ☐ No ☐ Unk

**17.2 IMPLICATED FOOD #2 – DETAILS***Name of Food (e.g., beef lasagna)**Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)**Contaminated Ingredient(s) (e.g., ground beef)*☐ Unknown*Total # Primary Cases Exposed to Implicated Food**Reason(s) Suspected (check 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 previous experience makes it likely source

*Method of Processing (prior to point-of service; processor; check all that apply)*

- ☐ 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)  
☐ 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)  
☐ 3 - Shredded or diced  
☐ 4 - Pre-packaged (e.g., bagged lettuce or other produce)  
☐ 5 - Irradiation  
☐ 6 - Pre-washed
- ☐ 7 - Frozen  
☐ 8 - Canned  
☐ 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)  
☐ 10 - Pressure treated (e.g., oysters, etc.)  
☐ 11 - Other or unknown

*Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)*

- ☐ 1 - Prepared in the home  
☐ 2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)  
☐ 3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)  
☐ 4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)  
☐ 5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)  
☐ 6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)  
☐ 7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)  
☐ 8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)  
☐ 9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)  
☐ 10 - Other or unknown

*Level of Preparation (check all that apply)*

- ☐ 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)  
☐ 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)  
☐ 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

*Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)*

- ☐ Yes, country known (specify): ☐ Yes, country unknown ☐ No ☐ Unk

Local ID Number: 15-219**18. LOCATION WHERE FOOD WAS PREPARED***Location Where Food was Prepared (check all that apply)*

- ☐ Restaurant - "Fast-food" (drive-up service or pay at counter)  
☒ Restaurant - Sit-down dining  
☐ Restaurant - Other or unknown type  
☐ Private home  
☒ Banquet facility (food prepared and served on-site)  
☐ Caterer (food prepared off-site from where served)  
☐ Fair, festival, other temporary or mobile services  
☐ Grocery store  
☐ Workplace, not cafeteria  
☐ Workplace cafeteria

- ☐ Nursing home (e.g., skilled nursing facility, long-term care facility)  
☐ Assisted living facility, home care  
☐ Hospital  
☐ Child day care center  
☐ School  
☐ Prison, jail  
☐ Church, temple, religious location  
☐ Camp  
☐ Picnic  
☐ Other (describe in Remarks)  
☐ Unknown

*Remarks***19. LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)***Location of Exposure (check all that apply)*

- ☐ Restaurant - "Fast-food" (drive-up service or pay at counter)  
☒ Restaurant - Sit-down dining  
☐ Restaurant - Other or unknown type  
☐ Private home  
☒ Banquet facility (food prepared and served on-site)  
☐ Caterer (food prepared off-site from where served)  
☐ Fair, festival, other temporary or mobile services  
☐ Grocery store  
☐ Workplace, not cafeteria  
☐ Workplace cafeteria

- ☐ Nursing home (e.g., skilled nursing facility, long-term care facility)  
☐ Assisted living facility, home care  
☐ Hospital  
☐ Child day care center  
☐ School  
☐ Prison, jail  
☐ Church, temple, religious location  
☐ Camp  
☐ Picnic  
☐ Other (describe in Remarks)  
☐ Unknown

*Remarks***20. CONTRIBUTING FACTORS***Are contributing factors known?*
☐ Yes   ☒ No
*If known, check all that apply in Section 21. If unknown, skip to Section 22.***21. CONTRIBUTING FACTORS – DETAILS***Contamination Factors (check all that apply)*

- ☐ C1 - Toxic substance part of tissue  
☐ C2 - Poisonous substance intentionally / deliberately added  
☐ C3 - Poisonous substance accidentally / inadvertently added  
☐ C4 - Addition of excessive quantities of ingredients that are toxic in large amounts  
☐ C5 - Toxic container  
☐ C6 - Contaminated raw product - food was intended to be consumed after a kill step  
☐ C7 - Contaminated raw product - food was intended to be consumed raw or undercooked / underprocessed  
☐ C8 - Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)  
☐ C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)  
☐ C10 - Bare-hand contact 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 cross-contamination) by a food handler / worker / preparer who is 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 (specify): \_\_\_\_\_  
☐ C-N/A - Contamination factors not applicable

(continued on page 7)



Local ID Number: 15-219

**21. CONTRIBUTING FACTORS – DETAILS (continued)***Proliferation / Amplification Factors (bacterial outbreaks only; check all that apply)*

- ☐ P1 - Food preparation practices that support proliferation of pathogens (during food preparation)
- ☐ P2 - No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of 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 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 (specify):
- ☐ P-N/A - Proliferation / amplification factors not applicable

*Survival Factors (check all that apply)*

- ☐ S1 - Insufficient time and / or temperature control during initial cooking / heat processing
- ☐ S2 - Insufficient time and / or temperature during reheating
- ☐ S3 - Insufficient time and / or temperature control during freezing
- ☐ S4 - Insufficient or improper use of chemical processes designed for pathogen destruction
- ☐ S5 - Other process failures that permit pathogen survival (specify):
- ☐ S-N/A - Survival factors not applicable

**22. POINT OF CONTAMINATION (CONFIRMED OR SUSPECTED)**

<i>Confirmed or Suspected Point of Contamination</i>	<i>If before preparation, specify</i>	<i>Reason(s) Suspected (check all that apply)</i>
<input type="checkbox"/> Before preparation <input type="checkbox"/> Preparation <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Pre-harvest <input type="checkbox"/> Processing <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Environmental evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Prior experience makes this a likely source

**23. SCHOOL**

Complete this section only if "School" is checked in either the "LOCATION WHERE FOOD WAS PREPARED" section or the "LOCATION OF EXPOSURE (WHERE FOOD EATEN)" section.

Did the outbreak involve a single or multiple schools? <input type="checkbox"/> Single <input type="checkbox"/> Multiple (specify number of schools): _____ schools		Total Approximate Enrollment (for all involved students in all involved schools) number of students <input type="checkbox"/> Unknown	
Grade Levels for All Involved Students in All Involved Schools <input type="checkbox"/> Preschool <input type="checkbox"/> Grade school <input type="checkbox"/> College / university / technical school <input type="checkbox"/> Unknown or undetermined		If Grade school, check all grades affected <input type="checkbox"/> K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	
Was the implicated food item <u>provided</u> to the school through the National School Lunch / Breakfast Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or undetermined		If Yes, was the implicated food item donated / purchased by: <input type="checkbox"/> USDA through the Commodity Distribution Program <input type="checkbox"/> The state / school authority <input type="checkbox"/> Unknown or undetermined <input type="checkbox"/> Other (specify): _____	

**24. REMARKS AND CONCLUSIONS**

Please provide a brief summary of the investigation findings and the conclusions drawn, include important aspects not covered elsewhere in the report. Indicate if any persons in sensitive occupations or situations (e.g., foodhandlers, children attending daycare) were involved or if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons). Attach any documents that provide additional information.

*Remarks and Conclusions*

On Friday, July 31, 2015, the County of San Diego Epidemiology Program was notified of an outbreak of gastrointestinal illness following a buffet style food served to 172 attendees of the San Diego Society of Professional Journalists awards banquet held at the Bali Hai Restaurant in Shelter Island on Wednesday, July 29, 2015. An investigation was initiated to identify the cause and scope of illnesses among the banquet attendees and recommend appropriate prevention and control measures. Illness and food histories were collected for 84 (49%) individuals; of these, 50 (59.5%) met the outbreak case definition. Eight individuals reported illness but did not meet the clinical criteria for acute foodborne illness and were therefore excluded from the analysis. A case-control analysis was performed to identify possible food exposures associated with illness (see attached Table). A statistically significant association was found between illness and exposure to ice (OR = 4.06, 95% CI: 1.31-12.62; p-value = 0.013); odds of exposure to ice was 4 times greater among cases than among controls. Statistically speaking, no other food or beverage items were significantly associated with illness.

Local ID Number: 15-219

**25. REPORTING AGENCY AND OTHER KEY INVESTIGATORS**

<i>Local Health Jurisdiction</i> San Diego		<i>Lead Investigator Name</i> Azi Maroufi	<i>Investigator Title</i> Epidemiologist II
<i>Telephone Number</i> 619-692-8499	<i>Fax Number</i> 858-715-6458	<i>E-mail</i> azarnoush.maroufi@sdcounty.ca.gov	<i>Date (mm/dd/yyyy)</i> 09/15/2015

*Other Key Investigators*

Dr. Eric McDonald, Medical Director  
Dr. Annie Kao, Senior Epidemiologist

**26. PHEP – SEVEN MINIMAL ELEMENTS CHECKLIST**

Below are the seven minimal elements for outbreak investigations as outlined in the *CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement – Performance Measures Specifications and Implementation Guidance* (pp. 56-60).

☒ All seven minimal elements included in outbreak report

- ☒ 1 - Context / background (e.g., population affected, location, geographical area(s) involved, etiology, etc.)
- ☒ 2 - Initiation of investigation (e.g., dates and times notification was received by the LHJ and initiation of investigation, etc.)
- ☒ 3 - Investigation methods (e.g., data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)
- ☒ 4 - Investigation findings / results (e.g., epidemiologic, laboratory, and / or clinical results, other analytic findings, etc.)
- ☒ 5 - Discussion and / or conclusions
- ☒ 6 - Recommendations for controlling disease and / or preventing / mitigating exposure
- ☒ 7 - Key investigators and / or report authors

**27. STATE USE ONLY**

<i>State ID</i>	<i>CDC ID</i>	<i>NORS Onset Year (yyyy)</i>
-----------------	---------------	-------------------------------

**ADDITIONAL SIGNS AND SYMPTOMS**

<ul style="list-style-type: none"> <li>• Alopecia (hair loss)</li> <li>• Anaphylaxis</li> <li>• Anorexia</li> <li>• Appendicitis</li> <li>• Arthralgia</li> <li>• Ataxia</li> <li>• Backache</li> <li>• Bedridden</li> <li>• Bloating</li> <li>• Blood pressure flux</li> <li>• Bloody vomitus</li> <li>• Blurred vision</li> <li>• Body ache</li> <li>• Bradycardia</li> <li>• Bullous skin lesions</li> <li>• Burning</li> <li>• Burns in mouth</li> <li>• Chest pain</li> <li>• Chills</li> <li>• Coma</li> <li>• Congestion</li> <li>• Cough</li> <li>• Dark Urine</li> <li>• Dehydration</li> <li>• Descending paralysis</li> <li>• Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty swallowing</li> <li>• Dilated pupils</li> <li>• Diplopia (double vision)</li> <li>• Disoriented</li> <li>• Dizziness</li> <li>• Dry mouth</li> <li>• Dysconjugate gaze</li> <li>• Dysesthesia (impairment of a sense, esp. touch)</li> <li>• Ear ache</li> <li>• Ears ringing</li> <li>• Edema</li> <li>• Eosinophil</li> <li>• Erythema</li> <li>• Excess saliva</li> <li>• Eye problems</li> <li>• Facial weakness</li> <li>• Faintness</li> <li>• Fasciculations (bundling nerve / muscle fibers)</li> <li>• Fatigue</li> <li>• Flushing</li> <li>• Gas</li> <li>• Hallucinations</li> <li>• Headache</li> <li>• Heartburn</li> </ul>	<ul style="list-style-type: none"> <li>• Hemorrhage</li> <li>• Histamine reaction</li> <li>• Hives</li> <li>• Hoarse</li> <li>• Hot flash / flush</li> <li>• Hypotension</li> <li>• Insomnia</li> <li>• Itching</li> <li>• Jaundice</li> <li>• Joint pain</li> <li>• Lethargy</li> <li>• Light-headed</li> <li>• Liver necrosis</li> <li>• Loss of appetite</li> <li>• Loss of consciousness</li> <li>• Lymphadenopathy</li> <li>• Malaise</li> <li>• Memory loss</li> <li>• Meningitis</li> <li>• Mucus</li> <li>• Mucus in stool</li> <li>• Muscle breakdown</li> <li>• Muscle fatigue</li> <li>• Muscle spasm</li> <li>• Myalgia</li> <li>• Nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Neurological symptoms</li> <li>• Nightmares</li> <li>• Numbness</li> <li>• Oral swelling</li> <li>• Pain</li> <li>• Palpitations</li> <li>• Paralysis</li> <li>• Paresthesia</li> <li>• Periorbital edema</li> <li>• Pharyngitis</li> <li>• Photophobia</li> <li>• Prostration</li> <li>• Ptosis</li> <li>• Quadriplegia</li> <li>• Rapid pulse</li> <li>• Rash</li> <li>• Redness</li> <li>• Respiratory arrest</li> <li>• Rhinitis</li> <li>• Seizures</li> <li>• Septicemia</li> <li>• Shakes</li> <li>• Shock</li> <li>• Shortness of breath</li> <li>• Sore throat</li> <li>• Speech difficulty</li> </ul>	<ul style="list-style-type: none"> <li>• Stiff neck</li> <li>• Stiffness</li> <li>• Stomach ache</li> <li>• Sweating</li> <li>• Swelling</li> <li>• Swollen glands</li> <li>• Swollen tongue</li> <li>• Tachycardia</li> <li>• Taste disturbance</li> <li>• Temperature reversal</li> <li>• Temperature variant</li> <li>• Thick tongue</li> <li>• Thirst</li> <li>• Thrombocytopenia</li> <li>• Tingling</li> <li>• Trembling</li> <li>• TTP (Thrombotic thrombocytopenic purpura)</li> <li>• Urinary problems</li> <li>• Urticaria</li> <li>• Weak pulse</li> <li>• Weakness</li> <li>• Weight loss</li> <li>• Wheezing</li> </ul>
--	--	--	--	--

# Case-Control Analysis Table

	Society of Professional Journalists Award Banquet, Bali Hail Restaurant, July 29, 2015												
	Cases				Controls				Odds Ratio	Lower 95% C.I.	Upper 95% C.I.	Chi-square	
Food	Ate	Did Not Eat	Total	%Ate	Ate	Did Not Eat	Total	%Ate				Value	P-Value
Spiced Pork Loin	28	22	50	56.00	12	14	26	46.15	1.485	0.573	3.847	0.6652	0.41474
Teriyaki Roasted Chicken	26	24	50	52.00	12	14	26	46.15	1.264	0.489	3.268	0.2338	0.62869
Blackened Salmon	31	19	50	62.00	21	5	26	80.77	0.388	0.125	1.203	2.7889	0.09492
Roasted Corn Relish	4	44	48	8.33	3	23	26	11.54	0.697	0.144	3.383	0.2023	0.65288
Vegetable Fried Rice	31	17	48	64.58	12	13	25	48.00	1.975	0.739	5.277	1.8675	0.17176
Grilled Mashed Potatoes	31	19	50	62.00	13	13	26	50.00	1.632	0.626	4.251	1.0105	0.31479
House Blend Local Greens	28	22	50	56.00	15	11	26	57.69	0.933	0.358	2.432	0.0199	0.88770
Ginger Plum Vinaigrette	9	35	44	20.45	3	18	21	14.29	1.543	0.371	6.415	0.3594	0.54886
Island Style Potato Salad	26	23	49	53.06	10	16	26	38.46	1.809	0.686	4.767	1.4506	0.22843
Thai Caesar Salad	33	13	46	71.74	17	9	26	65.38	1.344	0.479	3.771	0.3161	0.57396
Asian Chopped Salad	21	27	48	43.75	8	18	26	30.77	1.750	0.638	4.802	1.1924	0.27484
Carrot Cake	30	20	50	60.00	19	7	26	73.08	0.553	0.196	1.556	1.2771	0.25845
Coffee	7	43	50	14.00	8	18	26	30.77	0.366	0.116	1.161	3.0364	0.08142
Tea	0	50	50	0.00	0	26	26	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Iced Tea	1	49	50	2.00	0	26	26	0.00	#DIV/0!	#DIV/0!	#DIV/0!	0.5269	0.46790
Beer	2	48	50	4.00	5	21	26	19.23	0.175	0.031	0.975	4.7452	0.02938
Wine	16	34	50	32.00	12	14	26	46.15	0.549	0.207	1.453	1.4727	0.22492
Soda	8	42	50	16.00	1	25	26	3.85	4.762	0.562	40.354	2.4203	0.11977
Water	37	12	49	75.51	17	9	26	65.38	1.632	0.578	4.608	0.8639	0.35265
Ice	26	16	42	61.90	6	15	21	28.57	4.063	1.308	12.617	6.2238	0.01260

Sanitation: ☒ Critical ☐ Good ☐ High Temp  
 Location: ☒ Commercial ☐ Temporary

**MECH/10ppm**

11. Food Handler Training ☐ ☐ 2

**EMPLOYEE HEALTH & HYGIENE PRACTICES**

12. Communicable disease - reporting, restrictions & exclusions ☐ ☐ 4

13. No discharge from eyes, nose or mouth ☐ ☐ 2

14. Proper eating, tasting, drinking or tobacco use ☐ ☐ 2

**PREVENTING CONTAMINATION BY HANDS**

15. Hands clean & properly washed; gloves used properly ☐ ☐ 4

16. Adequate handwashing facilities supplied & accessible ☐ ☐ 2

**TIME AND TEMPERATURE RELATIONSHIPS**

17. Proper hot & cold holding temperatures ☐ ☐ 4/2

18. Time as a public health control - procedures & records ☐ ☐ 4/2

19. Proper cooling methods ☐ ☐ 4

20. Proper cooking time & temperatures ☐ ☐ 4

21. Proper reheating procedures for hot holding ☐ ☐ 4

**PROTECTION FROM CONTAMINATION**

22. No return and re-service of food ☐ ☐ 2

23. Food in good condition, safe & unadulterated ☐ ☐ 4/2

15. Food obtained from approved source ☐ ☐ 4

16. Compliance with shell stock tags, condition, display ☐ ☐ 2

17. Compliance with Gulf Oyster Regulations ☐ ☐ 2

**CONFORMANCE WITH APPROVED PROCEDURE**

18. Compliance with: ☐ Variance ☐ Specialized Process ☐ HACCP Plan ☐ ☐ 2

**CONSUMER ADVISORY**

19. Consumer advisory provided for raw or undercooked foods ☐ ☐ 2

**WATER / HOT WATER**

20. Licensed health care facilities / public & private schools - prohibited foods not offered ☐ ☐ 4

21. Hot & cold water available ☐ ☐ 4/2

Handsink: **120** Warewashing sink: **120**

**LIQUID WASTE DISPOSAL**

22. Sewage & wastewater properly disposed ☐ ☐ 4/2

**VERMIN**

23. No rodents, insects, birds or animals ☐ ☐ 4/2

ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)
FISH / w1	39	BEEF / w12	40		
BEEF / w1	39				
SOFT CHEESE / w12	40				

**SUPERVISION**

24. Person in charge present & performs duties ☐ ☐

**PERSONAL CLEANLINESS**

25. Personal cleanliness & hair restraints ☐ ☐

**GENERAL FOOD SAFETY REQUIREMENTS**

26. Approved thawing methods used, frozen food ☐ ☐

27. Food separated and protected ☐ ☐

28. Fruits & vegetables washed ☐ ☐

29. Toxic substances - properly identified, stored, used ☐ ☐

**FOOD STORAGE / DISPLAY / SERVICE**

30. Food storage; food storage containers identified ☐ ☐

31. Containers self-sealing ☐ ☐

32. Food properly labeled & honestly presented ☐ ☐

**EQUIPMENT / UTENSILS / LINENS**

33. Nonfood contact surfaces clean ☐ ☐

34. Warewashing facilities - installed, maintained, used. Test strips available ☐ ☐

35. Equipment / Utensils - approved, installed, good repair, capacity ☐ ☐

36. Equipment / Utensils / Linens - storage, use ☐ ☐

37. Vending machines ☐ ☐

38. Adequate ventilation / Lighting - designated areas, etc. ☐ ☐

39. Thermometers - provided, accurate ☐ ☐

40. Wiping cloths - properly used, stored ☐ ☐

**PHYSICAL FACILITIES**

41. Flooring - proper backflow devices ☐ ☐

42. Garbage & refuse - properly disposed, facilities maintained ☐ ☐

**PHYSICAL FACILITIES (cont.)**

43. Toilet facilities - properly constructed, supplied, clean ☐ ☐

44. Premises, corridors / cleaning items, vermin-proofing ☐ ☐

**PERMANENT FOOD FACILITIES**

45. Floor, walls and ceilings - built, maintained, clean ☐ ☐

46. No unapproved private homes / living or sleeping quarters ☐ ☐

**ADDITIONAL REQUIREMENTS**

47. Grade card, signs, last inspection report available ☐ ☐

**COMPLIANCE & ENFORCEMENT**

48. Plan Review ☐ ☐

49. Permits Available ☐ ☐

50. Improvement ☐ ☐

51. Housing ☐ ☐

Inspection Result:

☐ Ordered Closed ☐ Approved to Reopen ☐ Yes ☒ No ☐ None ☐ Inactive ☒ Directed

Inspection Score: 100 -    %

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

4. OBSERVED EMPLOYEE ACTIVELY WASHING FOOD UTENSILS WITH INADEQUATE SANITIZER AT MECHANICAL DISH MACHINE, APPROXIMATE 10PM. MAINTAIN 500PPM CHLORINE. MACHINE CORRECTED TODAY TO 200PPM FOR DISINFECTION CONTROL. MONITOR SANITIZER, NOTICE TO FOLLOW UP WITHIN 7 DAYS

- REVIEWED FOOD PREPARATION & EMPLOYEE HEALTH/HYGIENE  
 - PROVIDED DISINFECTION & INFECTION CONTROL HANDOUT

Received by (Print): Tom Bauman

Received by (Signature): [Signature]

Title: General Manager

Specialist (Print): Brian Richardson

Specialist (Signature): [Signature]

Phone: 619 379 0232



This report is an Official Notice of Violation. Corrections must be completed in the time specified. See reverse side for the general requirements and code sections for each violation listed. A reinspection fee may be charged if violations noted on this report are not corrected by the reinspection date.

8/6/15



NO.	DESCRIPTION	YES	NO	SCORE
10.	Food Handler Training			2
<b>EMPLOYEE HEALTH &amp; HYGIENE PRACTICES</b>				
11.	2. Occupational disease - reporting, measures & assistance			4
12.	3. No discharge from eyes, nose or mouth			2
13.	4. Proper eating, tasting, drinking or tobacco use			2
<b>PREVENTING CROSS CONTAMINATION BY HANDS</b>				
14.	5. Hands clean & properly washed; gloves used properly			1
15.	6. Adequate handwashing facilities provided & accessible			2
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
16.	7. Proper hot & cold holding temperatures			4-2
17.	8. Time as a public health control - procedures & records			4-2
18.	9. Proper cooling methods			4
19.	10. Proper cooling time & temperature			4
20.	11. Proper reheating procedures for hot holding			4
<b>PROTECTION FROM CONTAMINATION</b>				
21.	12. No resumes and re-use of food			2
22.	13. Food in good condition, safe & unadulterated			4-2

NO.	DESCRIPTION	YES	NO	SCORE
<b>FOOD FROM APPROVED SOURCES</b>				
23.	14. Food obtained from approved source			4
24.	15. Compliance with shell stock tags - condition, display			2
25.	16. Compliance with food display requirements			2
<b>COMMUNICABLE DISEASE PREVENTION</b>				
26.	17. Compliance with:			2
27.	18. Compliance with:			2
<b>FOOD SAFETY PRACTICES</b>				
28.	19. Customer advisory provided for raw or undercooked foods			2
<b>FOOD'S SUSCEPTIBLE POPULATIONS</b>				
29.	20. Increased health care facilities / public & private schools - prohibited foods are offered			4
<b>WATER / WASTE WATER</b>				
30.	21. Hot & cold water available			4-2
31.	22. Sewage & wastewater properly disposed			4-2
<b>PESTICIDES</b>				
32.	23. No rodents, insects, birds or animals			4-2

ITEM	LOCATION	SCORE
SEABASS / R1	41	SEABASS / SINK
COOKED MEAT / W1	40	
PASTA / W2	41	

NO.	DESCRIPTION	YES	NO	SCORE
<b>GENERAL REQUIREMENTS</b>				
24.	Person in charge present & performs duties			1
<b>PERSONAL APPEARANCE</b>				
25.	Personal cleanliness & hair restraints			1
<b>GENERAL HYGIENE PRACTICES</b>				
26.	Approved training methods used; record kept			1
27.	Food requirements not exceeded			1
28.	Fruits & vegetables washed			1
29.	Toxic substances - properly identified, stored, used			1
<b>FOOD STORAGE &amp; HANDLING</b>				
30.	Food storage, food storage containers checked			1
31.	Consumer preferences			1
32.	Food properly labeled & honestly presented			1

NO.	DESCRIPTION	YES	NO	SCORE
<b>ENVIRONMENTAL REQUIREMENTS</b>				
33.	Nonfood contact surfaces clean			1
34.	Warewashing facilities - installed, maintained, used; Test strips available			1
35.	Equipment: utensils - approved, installed, good repair, capacity			1
36.	Equipment: thermal liners - correct, use			1
37.	Washing machines			1
38.	Adequate ventilation lighting - designated areas			1
39.	Thermometers - checked, accurate			1
40.	Wiping cloths - properly used, stored			1
<b>FOOD SAFETY PRACTICES</b>				
41.	Food safety - proper handling practices			1
42.	Storage & release - properly disposed, facilities maintained			1

NO.	DESCRIPTION	YES	NO	SCORE
<b>FOOD SAFETY PRACTICES</b>				
43.	Tiled facilities - properly constructed, supplied, clean			1
44.	Protective, personal / cleaning items, waste-recycling			1
<b>FOOD SAFETY PRACTICES</b>				
45.	Floors, walls and ceilings - built, maintained, clean			1
46.	No employees phone numbers / living or sleeping quarters			1
<b>FOOD SAFETY PRACTICES</b>				
47.	Food safety, waste, and equipment repair facilities			1
<b>FOOD SAFETY PRACTICES</b>				
48.	Food handlers			1
49.	Protective facilities			1
50.	Reproduction			1
51.	Restroom			1

Inspection Result:

☐ Ordered Closed ☐ Approved to Reopen ☐ Yes ☐ No ☐ None ☐ Inactive ☒ Directed

Inspection Score: 100 %

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

40: VACUUM PACKED SEABASS (FROZEN) THAWING UNOPENED IN AMBIENT, SUBMERGED WATER IN SINK. USE PROPER THAWING METHODS FOR VACUUM PACKAGED FISH. FISH THAWING FOR 20 MINUTES, PACKAGING REMOVED AND PLACED IN WALK-IN COOLER FOR COLD HOLDING. 40: WIPING CLOTH SANITIZER INADEQUATE FOR REPEATEDLY USED WIPING CLOTHS. MAINTAIN A MINIMUM OF 100PPM SOLUTION. SOLUTIONS COLLECTED TODAY FOR DISINFECTION HANDOUT. FOLLOWED UP IN EMPLOYEE HEALTH AND DISINFECTION PROCEDURES

Inspected by (Print): John Williams Directed by (Signature): [Signature] General Manager: [Signature]

Specialist (Print): BRAD RICHARDSON Specialist (Signature): [Signature] Phone: 6193790238

16. Food Handler Training	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>EMPLOYEE HEALTH &amp; HYGIENE PRACTICES</b>			
17. Communicable disease - reporting, restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>	4
18. No discharge from eyes, nose or mouth	<input type="checkbox"/>	<input type="checkbox"/>	2
19. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
<b>PREVENTING CONTAMINATION BY HANDS</b>			
20. Hands clean & properly washed, gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	4
21. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
22. Proper hot & cold holding temperatures Hot <input type="checkbox"/> Cold <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4+2
23. Time as a public health control - procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	4+2
24. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	4
25. Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	4
26. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>PROTECTION FROM CONTAMINATION</b>			
27. No returned and re-service of food	<input type="checkbox"/>	<input type="checkbox"/>	2
28. Food in good condition, safe & undeteriorated	<input type="checkbox"/>	<input type="checkbox"/>	4+2

<b>FOOD FROM APPROVED SOURCES</b>			
29. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	4
30. Compliance with shell stock tags, condition, display Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
31. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
32. Compliance with: Various <input type="checkbox"/> Specialized Process <input type="checkbox"/> HACCP Plan <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>CONSUMER ADVISORY</b>			
33. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
34. Licensed health care facilities / public & private schools - prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>WATER / HOT WATER</b>			
35. Hot & cold water available Hand sink <b>120</b> Warewashing sink <b>135</b>	<input type="checkbox"/>	<input type="checkbox"/>	4+2
<b>LIQUID WASTE DISPOSAL</b>			
36. Sewage & wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	4+2
<b>VERMIN</b>			
37. No rodents, insects, birds or animals	<input type="checkbox"/>	<input type="checkbox"/>	4+2

ITEM / LOCATION	TEMP (°F)	ITEM / LOCATION	TEMP (°F)	ITEM / LOCATION	TEMP (°F)

<b>SUPERVISION</b>	
38. Person in charge present & performing duties	1
<b>PERSONAL CLEANLINESS</b>	
39. Personal cleanliness & hair restraints	1
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
40. Approved handling methods used, proper food	1
41. Food separated and protected	1
42. Fruits & vegetables washed	1
43. Toxic substances - properly identified, stored, used	1
<b>FOOD STORAGE / DISPLAY / SERVICE</b>	
44. Food storage; food storage containers identified	1
45. Consumer self-service	1
46. Food properly labeled & honestly presented	1

<b>EQUIPMENT / UTENSILS / LINENS</b>	
47. Nonfood contact surfaces clean	1
48. Warewashing facilities - installed, maintained, used, hot dips available	1
49. Equipment / Utensils - approved, installed, good repair, capacity	1
50. Covering / Enclosure / Linens - storage, use	1
51. Vending machines	1
52. Adequate ventilation / Lighting - designated areas, use	1
53. Thermometers - provided, accurate	1
54. Wiping cloths - properly used, stored	1
<b>PHYSICAL FACILITIES</b>	
55. Plumbing - proper backflow devices	1
56. Garbage & refuse - properly disposed, facilities maintained	1

<b>PHYSICAL FACILITIES (cont.)</b>	
57. Toilet facilities - properly constructed, supplied, clean	1
58. Premises, personal / cleaning items, vermin-proofing	1
<b>PERMANENT FOOD FACILITIES</b>	
59. Floors, walls and ceilings - built, maintained, clean	1
60. No unsupervised private homes / living or sleeping quarters	1
<b>SIGN REQUIREMENTS</b>	
61. Grade card, signs, last inspection report available	1
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
62. Plan Review	<input type="checkbox"/>
63. Permits available	<input type="checkbox"/>
64. Impoundment	<input type="checkbox"/>
65. Hearing	<input type="checkbox"/>

Inspection Result: ☐ Ordered Closed ☐ Approved to Reopen ☐ Yes ☐ No ☐ None ☐ Inactive ☒ Directed

Inspection Score: 100 -  =  %

# OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

1. OBSERVED EMPLOYEE PREPARING FOOD AND USE BARE HANDS TO EAT FOOD (CHICKEN) BEING PREPARED. EMPLOYEES SHALL NOT EAT FOOD WHILE PREPARING FOOD WITHOUT INTERVENTION TO AVOID CROSS CONTAMINATION. EMPLOYEE WAS EDUCATED ON PROPER EATING IN NON FOOD PREPARATION AREAS. FOODS VOLUNTARILY DISCARDED AS A PRECAUTION.

2. OBSERVED INADEQUATE SANITIZER ON UTENSILS WHILE EMPLOYEE WAS ACTIVELY WASHING UTENSILS AT MECHANICAL DISH MACHINE. MAINTAIN 50 ppm CHLORINE. SANITIZER LOGS AT MACHINE INDICATED 100ppm

Received by (Print) TOM BOWMAN Received by (Signature) [Signature] Title General Manager  
Specialist (Print) BRAD RICHARDSON Specialist (Signature) [Signature] Phone 619 3790238  
JACKLIN MIKHAIL-FOX 858-644-3614

☐ This report is an Official Notice of Violation. Corrections must be completed in the time specified. See reverse side for the general requirements and code sections for each violation listed. A reinspection fee may be charged if violations noted on this report are not corrected by the reinspection date.



## OBSERVATIONS AND CORRECTIVE ACTIONS

14 CONT ONE HOUR PRIOR TO OBSERVATION. MACHINE PRINED DURING INSPECTION, 50 ppm MEASURED. CONTRACTOR ARRIVED DURING INSPECTION TO SERVICE MACHINE AS NEEDED. CONTINUE TO MONITOR SANITIZER CONCENTRATIONS, INCLUDING USE OF LOGS.

- REVIEWED FOOD PREPARATION, INCLUDING ICE. USE BEST BEST MANAGEMENT PRACTICES FOR THE MAINTENANCE OF ICE MACHINES AND CLEANING/SANITIZING OF APPROPRIATE ICE RELATED UTENSILS.
- DISCUSSED EMPLOYEE HEALTH + HYGIENE
- REVIEWED DISINFECTION CONTROL METHODS + PRACTICES

Received by (Print)

Tara

Received by (Signature)

Specialist (Print)

Beto Rodriguez

Specialist (Signature)

JACKLIN MIKHAIL-FOX

Title

General Manager

Phone

619 379 0238

936-644-3544