

HOME INSPECTION GUIDE FOR SUSPECTED FOODBORNE BOTULISM



Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile) publichealth.lacounty.gov/acd/

All patients with suspect foodborne botulism should have their home inspected for a potential source within 24 hours of identification. Ask family not to discard any consumable product (food, drink, herbal supplements) until the inspection is conducted by public health.

PR	IOR	ТО	GOING	TO RESID	ENCE Co	oordinate with epi s	staff regarding an	y information a	lready collected from p	oatient.
1.	Pat	ient r	name (La	st, First):						
2.	Cor	ntact	name: _			Contact phone:	()			
3.	Add	dress	of reside	nce:			City	/:	?	ZIP code:
4.	Dat	e of	inspectio	า:/	/	_ ACDC investiga	itor:		EH investigator:	
НС	ME	INS	PECTIO	N						
1.	Gei	neral	descrip	tion of hom	e (level o	f organization, lik	elihood of mish	andled food, e	tc):	
_				•						
2.	Detailed Inspection a) Investigate food storage areas, especially the kitchen: ☐ Refrigerator ☐ Freezer ☐ Kitchen cabinets ☐ Pantry									
	a)	Inve	estigate fo	ood storage	areas, esp	becially the kitchen	: L Refrigerator	r ∐ Freezer		s ☐ Pantry
	b)	sug		iged incuba					de high water, high p⊢ anaerobic environment	
		i)	Any hon	ne-canned/ja	arred, ferm	nented, or otherwis	e home-preserve	d product		
	ii) Home made products marinated in oil (e.g., garlic infused oils)									
	iii) Any product, including commercially prepared foods stored at inappropriate temperature prior to eating (e.g, foods that are meant to be refrigerated stored at room temperature)									(e.g, foods that are
	iv) Dried salted fish (especially uneviscerated)									
		v) Prepared herbal tea/other liquid supplements								
	vi) Foods from prior foodborne botulism patients have included:									
			(a)	Soups or m	nixed grain	product from refrig	gerator aisle kep	in pantry		
			(b)	Cooked sp	aghetti sto	red in plastic bag				
			(c)	Homemade	e pesto					
			(d)	Garlic in oi	; herbs in	oil				
			(e)	Home-can	ned potato	es used in potato s	salad			
			(f)	Home-ferm	ented tofu	ı				
			(g)	Commercia	al jarred bl	ack fungus				
			(h)	Oriental he	rbal tea (c	ontaining deer antl	er and other herl	os)		
			(i)	Prison-brev	wed alcoho	ol "Pruno"				
3.	In a	addit	ion to kit	chen and p	antry, ma	ke sure to inquire	e about/inspect	other potential	I food storage areas:	
	a)	Gar	age							
	b)	Sto	rage she	t						
	c)	Bed	drooms							
	d)	Livi	ng room/	dining room						

e)

Car

НО	ME	INSPECTION (CONTI	NUED)								
4.	Inv	estigation should inclu	de trash								
	a) Kitchen garbage (last emptied:/)										
	b)	Outside garbage (last tr	ash pickı	up:/	_)						
	c)	Other trash:									
5.	Take pictures										
	a)	Inside of refrigerator									
	b)	Inside of freezer									
	c)	Inside pantry/ food stora	age areas	5							
	d) Any food samples collected (including all sides of labeling, top and bottom of container)										
6.	Col	Collect food samples									
	a)	Any home-made items	that are s	suspect							
	b)	Any commercial food ite	ems that	were improperly s	stored (e.g. opened jars and containers that should have b	een refrigerated but					
		were stored at room ter	nperature	e, etc). Include de	etailed photos that include product information and lot code	•					
	c)	Note where/ how the fo	od was s	tored							
	d) Send high risk foods to the LAC Public Health Laboratory (PHL)										
		i) Note that collected	food san	nples should be s	stored in at the same temperature found (i.e., if the food sa	imple was collected					
		at room temperatu	re, it shou	ild be stored at ro	pom temperature)						
	e)	Call ACDC physician (2									
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		EHOLD MEMBERS	Λαο	Polationship	Shared meals with index (describe)	Symptomatic?					
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Naı	me	EHOLD MEMBERS household member is				Symptomatic?					
Naı	me		available	e during the hom	ne visit, inquire about:	Symptomatic?					
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Naı	If a	household member is Usual food habits (prep Who does the patient u	available ares own sually eat	e during the hom meals, all take o	ne visit, inquire about:	Symptomatic?					
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Contact name (last, first)

Date of Birth _