PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Food Quality Sample Requisition

PHSA LABORATORIES USE ONLY	
Lab Number	Date Received

Section 1 - Client Information

ESTABLISHMENT DESCRIPTION

Business Name: _____

Owner Name: _____

Address: _____

_____

Phone No. _____

PRODUCT DESCRIPTION ☐ Uncooked Ready to Eat Food ☐ Cooked Food

Product Name _____

Brand Name _____

& Description _____

Manufacturer _____

Best Before Date/Batch Date _____ Size/Weight _____

Code/Lot No. _____

Storage temperature of Unit: _____ °C Sampling temperature of Food: _____ °C

PLACE OF COLLECTION (Choose one only)

☐ Food Service Establishment ☐ Farmer's market
☐ Processing Plant ☐ Hospital or School
☐ Retail Store ☐ Vending Machine
☐ Other, specify: _____

REASON FOR INSPECTION (Choose one only)

☐ Routine Testing ☐ Project / Research
☐ Customer Complaint ☐ FBI Follow-up
☐ Improper Food Handling ☐ Other, specify: _____

COLLECTION & SHIPPING INFORMATION

Date & Time Collected _____
YEAR / MONTH / DAY TIME (2400 HRS)

Date & Time Shipped _____
YEAR / MONTH / DAY TIME (2400 HRS)

FOOD CATEGORY (Choose one only)

☐ Bakery, Cereals, Rices ☐ Beverages, Desserts, Sauces ☐ Dairy goods ☐ Eggs ☐ Environmental Samples ☐ Fruits ☐ Meats
☐ Mixed foods ☐ Mushrooms ☐ Plant proteins ☐ Salads ☐ Salad dressing ☐ Seafoods ☐ Vegetables

CONTACT INFORMATION (this information is required for reporting of STAT results / please attach card)

EHO Name: _____ E-mail: _____

Phone: _____ Copy to: _____

Health Authority

☐ Fraser
- ☐ East
- ☐ South
- ☐ North

☐ Interior
- ☐ Kootenay
- ☐ Okanagan
- ☐ Thompson/Cariboo

☐ Northern
- ☐ East
- ☐ Interior
- ☐ West

☐ Vancouver Island
- ☐ South
- ☐ Central
- ☐ North

☐ Vancouver Coastal
- ☐ Coast Garibaldi
- ☐ North Shore
- ☐ Richmond
- ☐ Vancouver

Site Address _____

Section 2 - Test(s) Requested

LABORATORY TESTING REQUESTED

☐ Routine Test (Aerobic Plate Count, Total & Fecal coliforms, and *E. coli*)

Special Tests (must receive approval from laboratory before shipment, please call ahead)

☐ Aw ☐ pH

Pathogen Tests:

☐ *Salmonella* ☐ *E. coli* 0157:H7 ☐ *B. cereus* ☐ *C. perfringens* ☐ *L. monocytogenes*
☐ *S. aureus* ☐ Other, specify: _____

COMMENTS

For information on sample collection, please call Environmental Microbiology at (604) 707-2611

Form DCFP_101_1001F Version 1.0 09/2009

WHITE - Lab Copy **YELLOW - Establishment Copy** **PINK - EHO Copy**

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FOOD QUALITY SAMPLING PROGRAM
DEFINITIONS AND DETAILED EXPLANATIONS

Establishment Description

Provide contact information for where sample was taken – business & owner name, address and phone number.

Place of Collection

Choose category of establishment. Food Service Establishments include restaurants, fast food premises, snack bars, cappuccino carts, cafes, and take-out delis – any business where food is prepared and sold. Processing plants include food manufacturer or rework. Retail stores include supermarkets, convenience stores, etc.

Product Description

-Tick whether food is cooked or uncooked ready-to-eat food. Describe sample, for example, Product Name – Sunrise Cheese & Description – brie style cheese with orange peel.
- Name of Manufacturer if different from Business / Owners
- Record the Best Before Date or Batch Date (Date Product made), Code / Lot No or UPC

Reason for Inspection

Choose sample collection rationale. Routine testing indicates weekly samples. Customer complaint for example may be initiated by an inspection which results in collection of food from the establishment. Improper food handling or suspicion during a routine inspection which results in collection of food from the establishment – inspectors are encouraged to collect samples immediately in these situations. Foodborne Illness follow-up would apply to additional visits to an establishment where a known FBI has occurred.

NOTE:

1. **DO NOT SEND LEFT-OVER FOODS COLLECTED FROM COMPLAINT HOMES WHICH ARE ASSOCIATED WITH FOOD POISONING – SUBMIT THESE SAMPLES WITH FP FORM A/B REQUISITIONS AS PART OF A FBI INVESTIGATION. FOOD QUALITY SAMPLING DOES NOT REPLACE SAMPLING ASSOCATED WITH FOODBORNE ILLNESS.**

2. **FOOD QUALITY SAMPLES MUST EITHER BE COOKED OR UNCOOKED READY-TO-EAT FOOD.**

3. **FOOD QUALITY SAMPLES FROM ROUTINE TESTING WILL ONLY BE ACCEPTED ON MONDAY, TUESDAY AND WEDNESDAY. DEMAND SAMPLES MAY BE ACCEPTED ON THURSDAY OR FRIDAY IF SCHEDULED WITH THE LAB – PHONE LAB BEFORE SUBMITTING SAMPLES.**

Contact Information

Provide phone and e-mail contact information for STAT reporting of results. Preliminary reports for all FQ samples with E. coli or fecal coliforms will be issued to the EHO. STAT results should also be copied to the Food Quality Program Supervisor/ Coordinator in your area – please also provide name (& contact info) for this person. Check off Health Authority and area and provide address where final report should be sent. Attach a business card if possible.

Laboratory Testing Requested

Only routine testing for weekly sampling is accepted without prior approval.

For special tests, or for sample collection not scheduled please call ahead. The laboratory will make every effort to accommodate special testing.

FOOD POISONING LABORATORY TELEPHONE: 604-707-2611