-Final Report-

Funeral Luncheon

McHenry Moose Lodge #691 Family Affair Catering

2015

Investigated by:
McHenry County Department of Health
2200 N Seminary Avenue
Woodstock IL 60098
815-334-4510

TABLE OF CONTENTS

Narrative

Introduction

Methodology

Results/Findings

Discussion

Control Measures

Appendices

- -A-Epidemiological Findings
- -B-Foodborne Pathogens
- -C-Menu
- -D-Laboratory Findings
- -E-Environmental Findings
- -F-Epidemiological Questionnaire
- -G-Stool Sample Collection Protocol
- -H-References

INTRODUCTION

On July 22, 2015, at approximately 8:00 a.m., the Division of Environmental Health received a complaint of illness from an attendee of a funeral luncheon that was held on July 18, 2015 at McHenry Moose Lodge #691 and catered by an outside caterer. It was reported that there were sixty (60) to seventy (70) people in attendance at the funeral luncheon, and multiple individuals were ill with similar gastrointestinal symptoms.

The Department's investigation that ensued identified sixteen (16) individuals who had attended the luncheon and experienced similar gastrointestinal symptoms including abdominal cramps, diarrhea, vomiting, fever, body aches, and headache.

This report will review the methodology utilized in this investigation, the final findings and a discussion of those findings and recommendations to prevent future illness. The appendices include graphs and tables depicting data from the epidemiological and environmental investigations and laboratory testing along with the various forms used to conduct and organize the data/information received in the field.

METHODS

A foodborne illness investigation includes obtaining case histories of those ill and those who are well, but still potentially at risk because of a shared exposure with the ill. It is also necessary to obtain clinical specimens to identify an etiologic agent for the illness. From these preliminary efforts, a case definition is developed to appropriately classify individuals interviewed as either a case or a non-case. A statistical analysis is conducted to help determine what food exposures could be related to disease. The most common statistical testing in the outbreak setting is the chi-square test, the definition being a chi-square larger than 3.84 is significant and corresponds to a p-value smaller than 0.05. It is important to note that the chi-square test for significance is more reliable when a large sample size is available. As the sample size decreases the statistical power of the chi-square test declines making it difficult to establish a single

food item as the source of the outbreak. A relative risk is also used to identify potentially implicated food items. Traditionally, a relative risk of 2 or greater signifies a food item requiring further exploration. When a limited number of ill and/or well individuals are identified as compared to the total number of individuals exposed, an odds ratio can be used to evaluate the association between consuming a food and onset of illness. The odds ratio represents the comparison of the odds that those who ate a food became ill compared to those that did not eat the food and became ill. An odds ratio greater than 1 represents a positive association between eating the food and becoming ill.

Paralleling this epidemiological investigation is an environmental health investigation that includes the physical and procedural examination of pertinent operations and the collection of food samples of implicated food items. The next stage of this investigation includes the development of hypotheses about the contributing factors to the illness and examination of associations that develop from the data that has accumulated from the environmental, epidemiological and laboratory findings. Following this, recommendations and control procedures are developed to prevent future illness.

The epidemiological investigation began on July 22, 2015 after receiving an individual report of sixty (60) to seventy (70) individuals who had attended a funeral luncheon with multiple individuals experiencing similar illness symptoms. Phone meetings were held among the Public Health Administrator, Communicable Disease Coordinator, Director of Nursing, Epidemiologist and Director of Environmental Health. The purpose of these meetings was to share information and establish an initial response strategy for the epidemiological and environmental investigations.

A complete list of attendees and contact information was requested from the host of the luncheon; however, the host refused to provide the information. Ill attendees were identified through self-reporting, reports from other ill attendees and the required reporting of Salmonella positive laboratory results per the Illinois Administrative Code 690.630. Well attendees were identified through interviews of ill individuals. Communicable Disease Program staff conducted case history interviews from July 22,

2015 through August 25, 2015. A case definition was also developed at that time to characterize ill persons. Sixteen (16) ill and nine (9) well attendees were interviewed using a questionnaire developed by Communicable Disease Program staff specifically for this incident. (See Appendix F). When the interviews were completed, the Epidemiologist conducted a statistical analysis of the available data. Periodic analysis of the data helped to more clearly focus the sample collection and the epidemiological and environmental investigations. A thorough analysis was conducted of all interview data. This examination included cross tabulations of exposure information versus the well and ill, incubation time between exposure and illness, and the duration of symptoms. These factors can be examined fully in Appendix A. Five (5) stool specimens were collected from luncheon attendees; one (1) stool sample was taken from an individual who did not attend the luncheon but consumed leftover food; and thirteen (13) stool samples were collected from foodservice personnel for analysis.

The Division of Environmental Health responded immediately by conducting a full inspection of McHenry Moose Lodge #691 on July 22, 2015. An Environmental Health Practitioner evaluated and reviewed food handling procedures and practices and requested the retention of any food items that may have been involved in the event that may be onsite. The name of the outside caterer, Family Affair Catering, and the luncheon menu was obtained from McHenry Moose Lodge #691 personnel. Staff immediately contacted the owner of Family Affair Catering and scheduled an immediate inspection of his food trailer, but the operator failed to arrive at the confirmed location. A meeting was held with the caterer at McHenry Moose Lodge #691 on July 23, 2015 to review the food handling at the funeral luncheon; the food trailer was unavailable as it was being utilized at another food event. Utilizing a Hazard Analysis and Critical Control Point (HACCP) approach, the Environmental Health Practitioner reviewed, in detail, the food handling steps associated with preparing the food served at the funeral luncheon.

Water and ice samples were collected from McHenry Moose Lodge #691 on July 22, 2015. Water and ice samples were collected from the residence of the operator of Family Affair Catering on July 23, 2015. Water resamples were collected from the

McHenry Moose Lodge #691 bar soda gun on August 6, 10, and 20, 2015 and September 10, 2015. (See Appendix D.) No food items were available to the Department for analysis.

Additional inspections of McHenry Moose Lodge #691 were conducted by Environmental Health Practitioners on July 31, August 10 and 20, 2015. Operational inspections of subsequent, permitted temporary food events by Family Affair Catering were made on August 15 and 27, 2015 and September 10, 12, and 26, 2015. Issues of critical importance that were identified in Department inspections were required to be immediately corrected. Throughout the investigation, the foodborne illness investigation team met to review the progress of the investigation and to continually refocus staff efforts based upon the most recent information from the ongoing investigation.

FINDINGS

There were sixteen (16) individuals identified during the outbreak investigation that developed illness associated with attending the funeral luncheon at McHenry Moose Lodge #691 on July 18, 2015. Reports of numerous, additional ill individuals were obtained through the case history interviews; however, multiple attendees, either ill or well, declined to cooperate in the investigation and refused to be interviewed or provide any additional information. The **case definition** that was developed for this outbreak specified that a case would be someone who attended the funeral luncheon at McHenry Moose Lodge #691 on July 18, 2015 and/or consumed leftovers from the luncheon on July 18, 2015 and became ill after consuming food developing symptoms of three (3) or more episodes of vomiting and/or diarrhea in combination with any of the additional following symptoms: abdominal cramps, fever, headache, chills, or nausea in a twenty-four (24) hour period. Sixteen (16) ill and nine (9) well individuals were interviewed using the epidemiological questionnaire developed for this outbreak (See Appendix F). One illness is believed to be a secondary infection due to the date of onset of symptoms. Five (5) individuals sought medical attention and one (1) individual was hospitalized. The illness was characterized by diarrhea (100%), vomiting (33%), abdominal cramps (100%), fever (53%), body aches

(60%), and headache (40%). (See Appendix A.) The duration of symptoms averaged one-hundred-twenty-six (126) hours with a range of five (5) to three-hundred-thirty-six (336) hours. The incubation period averaged 25.8 hours with a range of thirteen (13) to fifty-four (54) hours. (See Appendix A.) The symptoms, incubation time and duration are typical of several foodborne pathogens. An examination of possible foodborne pathogens is provided in Appendix B.

The statistical analysis of the food items was limited by the relatively small number of attendees willing to provide case history information. Therefore a cohort analysis could not be completed, and the chi square and relative risk were not utilized to evaluate the association between consuming a food and onset of illness. Instead, the odds ratio was determined to be the more accurate measurement of the association between consumption of a food item and onset of illness in this case. The odds ratio of the chicken breast was 13 meaning that the odds were thirteen (13) times higher that an individual who consumed the chicken would become ill than an individual who did not eat the chicken. This corresponds to a p-value of .0215, meaning that consumption of the chicken was statistically associated with illness. The chicken breast was the only food item that was statistically associated with illness.

Two (2) stool samples were analyzed for Norovirus and found to be negative. Six (6) stool samples were analyzed for *Shigella, Campylobacter and E.coli* and found to be negative. Six (6) stool samples were positive for *Salmonella Typhimurium*. All six (6) *Salmonella Typhimurium* positive stool samples were further analyzed by the Illinois Department of Public Health Enteric Laboratory using the Pulsed-field Gel Electrophoresis (PFGE) technique to generate a DNA fingerprint for the *Salmonella Typhimurium is*olates. All six (6) isolates were confirmed to have a similar DNA fingerprint, JEGXX01.0001/1212 (See Appendix D). This similar DNA fingerprint identifies that the *Salmonella Typhimurium* isolates were from the same source.

The ice samples from McHenry Moose Lodge #691 and the residence of the operator of Family Affair Catering were satisfactory for coliform bacteria and *E.coli*. The water

sample collected from the soda gun at McHenry Moose Lodge #691 on July 22, 2015 was unsatisfactory for coliform bacteria and satisfactory for E.coli. A resample collected from the soda gun at Moose Lodge #691 on September 10, 2015 was found to satisfactory for coliform bacteria and *E.coli*. The water sample collected from the bathroom sink at the residence of the operator of Family Affair Catering was unsatisfactory for coliform bacteria and satisfactory for *E.coli*. (See Appendix D.)

DISCUSSION

The pathogen identified for this outbreak was *Salmonella Typhimurium*. Additionally, the genotype of all of the *Salmonella* positive stool samples was identical, indicating a single source of the bacteria. *Salmonella* is a gram-negative, rod-shaped bacilli that can cause diarrheal illness in humans and is the most frequently reported bacterial cause of foodborne illness in humans. Any raw food of animal origin, such as beef, poultry, dairy products, eggs, seafood, and some fruits and vegetables may be contaminated with *Salmonella* bacteria. The bacteria can survive and cause illness if the raw food product is not cooked to a safe minimum internal temperature as measured with a food thermometer, and if fruits and vegetables are not thoroughly washed. *Salmonella Typhimurium* is commonly associated with poultry products.

For the luncheon, McHenry Moose Lodge #691 provided the bar/beverage service and the foods were catered by Family Affair Catering. Family Affair Catering did not have a valid health permit from the Department of Health to cater the funeral luncheon. The operators of Family Affair catering were utilizing a garage at their private residence as the base of operations for their catering operation. This included the receipt and storage of foods and bagging of ice for service to the public. The caterer did indicate that no preparation or cooking of foods was taking place inside the residence.

The epidemiological and environmental investigations suggest that the most likely scenario for the mode of transmission of the *Salmonella Typhimurium* was undercooked chicken served at the funeral luncheon. The statistical analysis of the food items

confirmed that consumption of chicken was statistically associated with illness. The chicken was the only food or beverage that was statistically associated with illness.

Two (2) cases of chicken breast were delivered to the caterer's residence on July 17th and placed, in their boxes, in the refrigeration unit on their food trailer to thaw for the next day's luncheon. Cardboard boxes can insulate the foods, requiring additional time for complete thawing. The caterer did not verify that the individual chicken breasts were fully thawed prior to being placed in the ovens. Foods can be safely cooked from the frozen state; however; this takes additional cooking time and can increase the variability in the minimum required cooking times among similar food products. After cooking, the doneness of the chicken was determined by slicing open and visually inspecting several pieces of the chicken. A metal stemmed thermometer was onsite; however the thermometer was not recently calibrated and was not utilized to confirm that the chicken breasts were cooked to the required minimum internal temperature of 165 degrees F. It can be difficult to obtain an accurate internal temperature of thin foods like chicken breasts utilizing a metal stemmed thermometer. A thermocouple, specifically designed for use on thin foods, was not available onsite. Four (4) of the interviewed attendees indicated that their chicken and others' chicken appeared to be visibly raw, and this was brought to the attention of the caterer during the event. A food temperature verification exercise was conducted by Department staff with the operators of Family Affair Catering on August 15, 2015. During that exercise, the operator cooked chicken breasts utilizing his normal procedure to the point that he believed the chicken to be fully cooked. The temperature of that chicken, as verified with an appropriate thermocouple ranged from 125 degrees F to 137 degrees F, which is twenty-eight (28) to forty (40) degrees below the minimum required temperature to ensure the destruction of potential pathogens. Hot, prepared gravy was then poured over the cooked chicken, which was placed in a warming unit set at a holding temperature of 145 degrees F. 145 degrees F is insufficient to assure the destruction of Salmonella bacteria. Adding the gravy to the undercooked chicken created an environment conducive to spreading the bacteria throughout the pans of food product, increasing the likelihood that more individuals consuming the chicken dish were exposed to the Salmonella bacteria.

The poor food handling practices, including failure to thoroughly cook the chicken to 165 degrees F, and failure to utilize a proper, calibrated food thermometer to verify minimum internal food temperatures by the catering personnel, resulted in the outbreak of illness.

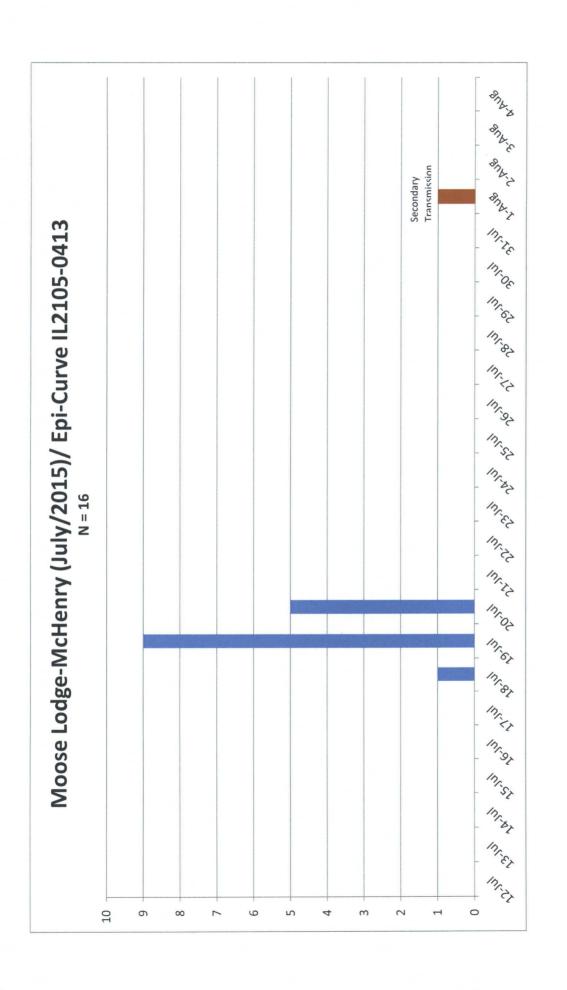
It should be noted that the operators of Family Affair Catering did indicate to Environmental Health staff that they experienced gastrointestinal issues the night of July 17th, prior to catering the event. Foodservice personnel who are experiencing any gastrointestinal symptoms must be excluded from any food handling activities. It is possible catering staff were ill with *Salmonella* infection prior to the event and contaminated foods during the food handling, preparation and service. However, if this were the case, it seems likely that additional foods would have been statistically associated with illness. Subsequent to the outbreak, the Illinois Department of Public Health required all foodservice personnel associated with the funeral luncheon to be excluded from all food handling until two (2) consecutive stool samples were negative for *Salmonella*. All of the stool samples submitted from the foodservice personnel were negative for *Salmonella* bacteria.

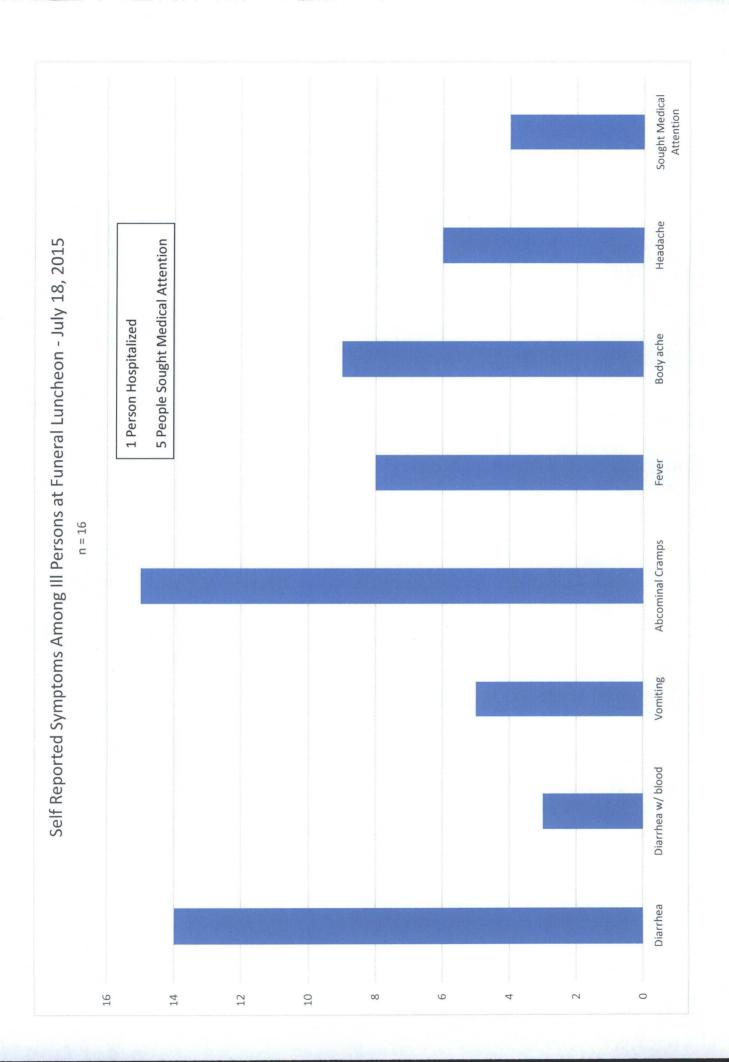
CONTROL MEASURES

The Environmental investigation confirmed that there was a lack of management oversight with appropriate interventions at the critical points in the food handling processes to destroy potential pathogenic organisms in the food items to prevent foodborne illness. Environmental Health staff has closely monitored subsequent, permitted food events by the caterer to ensure the appropriate control of critical food handling steps is taking place. Recommendations and a Hazard Analysis and Critical Control Point (HACCP) based chicken recipe have been developed for the caterer. Staff will continue to work with the caterer and monitor future catered events to ensure that all events are permitted, operated out of approved locations and operated in compliance with Ordinance requirements.

APPENDIX A

EPIDEMIOLOGICAL FINDINGS





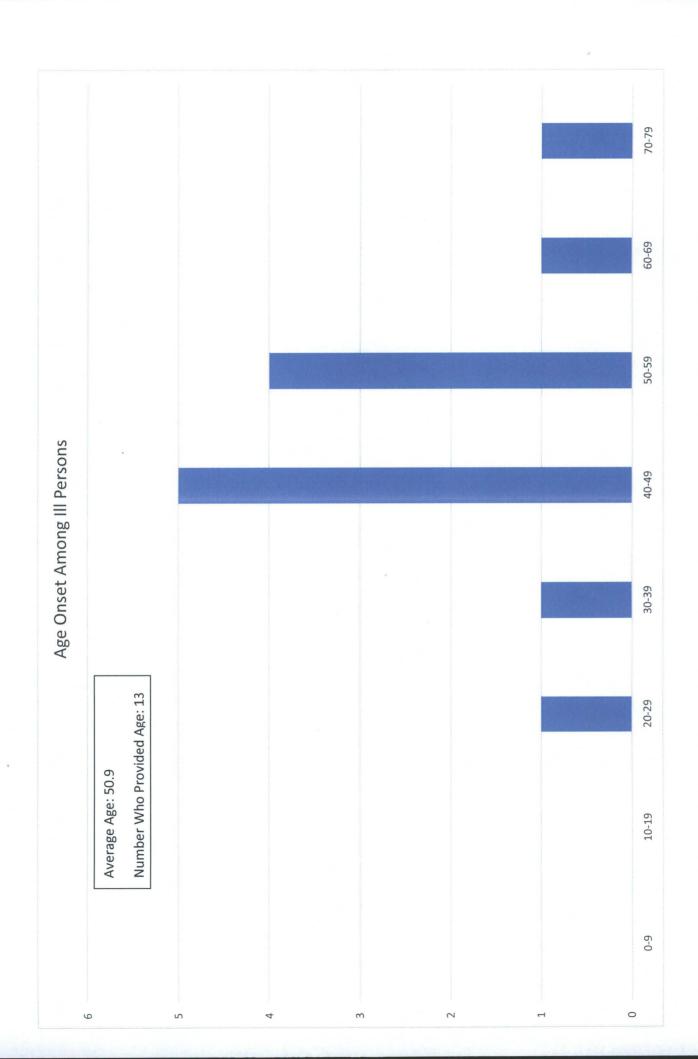
Incubation Period Foodborne Illness Investigation July 18, 2015 Funeral Luncheon

Mean	25.8 hours
Median	35 hours
Mode	12 hours
Range	13 – 54 hours

Duration of Symptoms Foodborne Illness Investigation July 18, 2015 Funeral Luncheon

Mean	126 hours
Median	126 hours
Mode	*
Range	5 – 336 hours

^{*}Mode could not be calculated as no two individuals had the same duration.



Foods Eaten at Event and Statistical Association With Becoming III

Food	# III Who Ate	# Well Who Ate	# Sick Who Didn't Eat	# Well Who Didn't Eat	Odds Ratio	95% Confidence Interval	Fisher's Exact Test P-Value
Bread	4	2	11	4	0.290909	.05-1.66	.2119
Butter	2	П	13	8	1.230769	.10-15.88	1
Water w/ Ice	7	2	∞	7	3.0625	.47-19.88	.3891
Coffee	2	1	13	∞	1.230769	.10-15.88	1
Salad	9	7	ō	2	0.190476	.03-1.25	.1049
Ranch Dressing	2	2	13	7	0.538462	.06-4.69	.6146
Mashed	11	7	4	2	0.785714	.11-5.5	П
Vegetables	10	5	S	4	1.6	.29-8.74	.6785
Beer	1	2	14	7	0.25	.02-3.25	.5331
Chicken Breast	13	3	2	9	13	1.7-99.38	.0215
Pork	10	∞	5	п	0.25	.02-2.59	.3509
Ice Tea	1	0	14	ō	N/A	N/A	1
Monster	1	0	14	6	N/A	N/A	П
Diet Sierra Mist	1	0	14	6	N/A	N/A	1
Drink from Bar	4	1	11	8	2.909091	.27-31.22	.6146

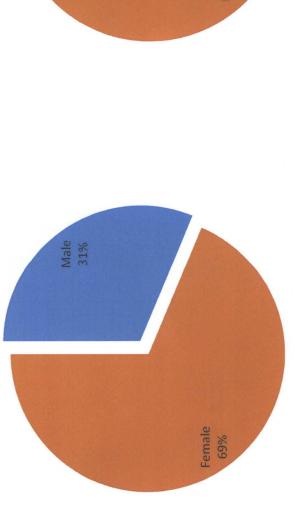
Statistically Significant Results of Food Analysis Foodborne Illness Investigation July 18, 2015 Funeral Luncheon

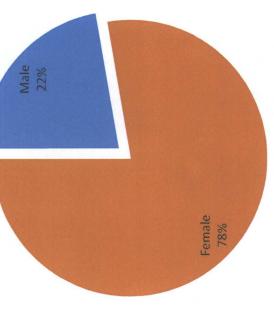
Food Item	Odds Ratio*	p-Value*
Chicken Breast	13	.0215

^{*}An odds ratio greater than 1 corresponding to a p-Value of less than 0.05 represents a positive association between eating the food and becoming ill.

Foodborne Illness Investigation 7/18/2015 – Funeral Luncheon **Gender Ratio**







APPENDIX B

FOODBORNE PATHOGENS

Possible Etiologic Agents Responsible for Foodborne Illness Funeral Luncheon July 18, 2015

Agent	Incubation Period	Duration	Symptoms	Food Involved
Norovirus	10 – 50 hours	24 – 72 hours	Nausea, abdominal cramps, diarrhea, headache, myalgia, low- grade fever, vomiting	Any food contaminated with fecal material.
Shigella	12 – 96 hours (1-3 days is typical)	4 – 7 days	Fever, abdominal cramps, bloody diarrhea, nausea, vomiting	Water, milk
Salmonella	6 – 72 hours	Several Days	Diarrhea, abdominal pain, nausea, headache, fever, vomiting	Meat, poultry, eggs, coconut, yeast, smoked fish, melon and milk
Campylobacter	1-10 days (2-5 days is typical)	Several days to 2 weeks	Diarrhea (may be bloody), abdominal pain, cramps, fever, malaise and vomiting	Milk, chicken, contaminated water

APPENDIX C

MENU

Marinated Pork Loin in Pork Sauce Chicken Breast in Mushroom Wine Sauce Garlic Roasted Potato's Sicilian Blend vegetables w/ Garlic Rolls & Butter Salad Coffee, Cream, Sugar

Pork -

Cooked in Cook & Hold to Temp of 160 degrees. Held at 160 degrees.

Chicken -

Cooked in Cook & Hold till cooked. Cut many pieces after and checked. Held at 160 degrees.

Pork Sauce -

Pork gravy diluted to hold pork. Held at 160 degrees.

Chicken Sauce -

Chicken gravy diluted with sauteed mushrooms, white wine then emulsified and added to gravy. Held at 160 degrees.

Garlic Roasted Potato's -

Cooked in boiling water. Held at 160 degrees.

Sicilian Blend Vegetables w/ Garlic -

Cooked in boiling water, Minced garlic sauteed in oil. Held at 145 degrees.

Rolls & Butter -

Frozen dinner rolls thawed. Butter pads individually packaged

Salad-

Salad blend put in bowls, cucumber slices, hard boil eggs, croutons. Covered with film. Held in walk-in cooler

Coffee -

Brewed in 55 cup brewing pot. Cream individually packaged including sugar

APPENDIX D

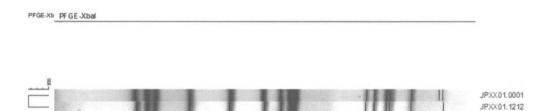
LABORATORY FINDINGS

Moose Lodge Food Borne Investigation/Sample Analysis

Caterer			Nonco	Noncompliant with both specimens
	Negativ	tiv		e Negative Negative
	Negativ	ŧ		e Not Tested Not Tested
		ne uri		la Negative Negative
	Salmone Typhimur	ne	Nega	
	Salmone Typhimu	n n		ella Not Tested Not Tested
	Negati	Ţ.		/e Not Tested Not Tested
	Negativ	Ţ.		/e Not Tested Not Tested
	Salmon Typhimu	n n	Nega	
		n n	Nega	
	Negati			ve Not Tested Not Tested
	Negati	₫.		ve Not Tested Not Tested
	Negati	□ = :	20.000	ve Not Tested Not Tested
	Salmone Typhimu	드 그	Nega	
Specimen Date Employee	Salmonella	ne		Shigella Campylobacter
		Attendee Moose Employee Moose Employee Moose Employee Moose Employee Non-Attendee Caterer Employee Attendee Attendee Attendee Caterer Employee Caterer Employee Caterer Employee Caterer Caterer Employee Caterer Caterer Employee	Attendee Salmonella Moose Employee Negative Pemployee Non-Attendee Caterer Employee Caterer Employee Salmonella Typhimurium Attendee (Secondary infection from other attendee) Caterer Employee Caterer Employee Salmonella Typhimurium Salmonella Typhimur	Attendee Salmonella Moose Employee Negative Pemployee Non-Attendee Caterer Employee Caterer Employee Salmonella Typhimurium Attendee (Secondary infection from other attendee) Caterer Employee Caterer Employee Salmonella Typhimurium Salmonella Typhimur

Moose Lodge Acute Gastrointestinal Illness Outbreak- July 18, 2015

Salmonella Typhimurium Genotype



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Public Health Administrator

Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 5:15 PM 07/22/15

Collected By: P CORN

Date/Time Received: 07/22/15 6:00 PM MCHENRY MOOSE LODGE 3535 N RICHMOND RD

JOHNSBURG IL 60051

LAB NO - 102736

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

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	TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100
	E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100

CHEMICAL ANALYSIS Parameter Result Unit OPINION Date Analyzed Method

Remarks

BOTTOM OF ICE MACHINE

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDME

REPORTED OUT BY:

Date Reported Out:

7/28/2015







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David Banaszynski, R.S. Huntley, Illinois

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Wi.iam Stinson, M D. Crystal Lake, Illinois

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Michael Hill Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 07/22/15 3:30 PM

Collected By: P CORN

Date/Time Received: 07/22/15 6:00 PM MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102735

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

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	TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100
	E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100

CHEMICAL ANALYSIS Parameter Result Unit OPINION **Date Analyzed** Method

Remarks

TOP OF ICE MACHINE

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SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDME

REPORTED OUT BY:

KU

Date Reported Out:

7/28/2015







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Michael Hi.l Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 07/22/15 5:20 PM

Collected By: P CORN

Date/Time Received: 07/22/15 6:00 PM MCHENRY MOOSE LODGE 3535 N RICHMOND RD

JOHNSBURG IL 60051

LAB NO - 102738

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

	BACTERIAL ANALYSIS					
or	Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
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	E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100

CHEMICAL ANALYSIS

Parameter Result Unit OPINION Date Analyzed Method

Remarks

BEVERAGE GUN AT BAR

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDME

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Date Reported Out:

7/28/2015







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Michael Hiil Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 07/22/15 5:20 PM

Collected By: **D KUNDE**

Date/Time Received: 07/22/15 6:00 PM MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102737

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

-				1/010
BAGI	PRI	AL	ANAI	YSIS

or	<u>Parameter</u>	Result	Opinion	Date Analyzed	Method	Sample Volume mL.	
	TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100	
	E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100	

CHEMICAL ANALYSIS Unit OPINION Parameter Result Date Analyzed Method

Remarks

HANDSINK IN KITCHEN

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDME

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Date Reported Out:

7/28/2015







McHENRY COUNTY GOVERNMENT CENTER 2200 N SEMINARY AVENUE -- ROUTE 47 N.

WOODSTOCK IL 60098 TELEPHONE 815-334-4585 FAX 815-334-4637 www.mcdh.info

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Mary McCann Woodstock, Illinois

Michael Hill Public Health Administrator Source Address:

2439 RIVER RD

MCHENRY IL 60050

Date/Time Collected: 07/23/15 2:50 PM

Collected By: PATTI CORN

Date/Time Received: 07/23/15 3:45 PM GREG SMITH

2439 RIVER RD MCHENRY IL 60050

LAB NO - 102744

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539.1

BACTERIAL ANALYSIS							
Parameter	Result	Opinion	Date Analyzed	Method	Volume mL.		
TOTAL COLIFORM	PRESENT	UNSATISFACTORY	07/23/15	Colilert P/A	100		
E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100		

CHEMICAL ANALYSIS

Parameter Result Unit OPINION Date Analyzed Method

Remarks

BATHROOM SINK

FOR LAB USE ONLY

SR - FB - - - - (ATY - TYP) - RNME - RDME

REPORTED OUT BY:

Date Reported Out:

7/28/2015







MCHENRY COUNTY GOVERNMENT CENTER

2200 N SEMINARY AVENUE - ROUTE 47 N. WOODSTOCK IL 60098

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Michael Hill Public Health Administrator Source Address:

2439 RIVER RD MCHENRY IL 60050

Date/Time Collected:

2:50 PM

Collected By: PATTI CORN

07/23/15

Date/Time Received: 07/23/15 3:45 PM **GREG SMITH** 2439 RIVER RD

MCHENRY IL 60050

LAB NO - 102743

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

ır	Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
	TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100
	E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100

CHEMICAL ANALYSIS OPINION Parameter Result Unit Date Analyzed Method

Remarks

TOP OF ICE MACHINE

FOR LAB USE ONLY

SR - FB - - - - (ATY - TYP) - RNME - RDME

REPORTED OUT BY:

Date Reported Out:

7/28/2015







MCHENRY COUNTY GOVERNMENT CENTER

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William Stinson, M D. Crystal Lake, Illinois

Mary McCann Woodstock, Illinois

Wichael Hill Public Health Administrator Source Address:

2439 RIVER RD MCHENRY IL 60050

Date/Time Collected: 07/23/15 2:50 PM

Collected By: PATTI CORN

Date/Time Received: 07/23/15 3:45 PM **GREG SMITH**

2439 RIVER RD MCHENRY IL 60050

LAB NO - 102742

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS						
Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.	
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	07/23/15	Collert P/A	100	
E COLI	NOT PRESENT	SATISFACTORY	07/23/15	Colilert P/A	100	

CHEMICAL ANALYSIS						
Parameter	Result	<u>Unit</u>	OPINION	Date Analyzed	Method	

Remarks

BOTTOM OF ICE MACHINE

FOR LAB USE ONLY

SR - FB - - - - (ATY - TYP) - RNME - RDME

REPORTED OUT BY:

Date Reported Out:

7/28/2015







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David Faccone Crystal Lake, Illinois

Joseph Clarke Marengo, Illinois

Mary McCann Woodstock, Illinois

Michael Hill Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 08/06/15 10:26 AM

Collected By:

Date/Time Received: 08/06/15 2:20 PM

MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102871

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
TOTAL COLIFORM	PRESENT	UNSATISFACTORY	08/06/15	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	08/06/15	Colilert P/A	100

CHEMICAL ANALYSIS							
Parameter	Result	Unit	OPINION	Date Analyzed	Method		
FREE RESIDUAL CHLORINE	NOT PRESENT		SATISFACTORY	08/06/15	SM 4500 CIG		

Remarks

BEVERAGE GUN AT BAR (TC=58.3, E COLI=<1)

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDKW)

REPORTED OUT BY:

Date Reported Out: 10/1/2015

10.1000.100

Kathi Walkington, Laboratory Specialist







MCHENRY COUNTY GOVERNMENT CENTER

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David Faccone Crystal Lake, Illinois

Joseph Clarke Marengo, Illinois

Mary McCann Woodstock, Illinois

Michael Hill Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 08/10/15 2:09 PM

Collected By: J FISH

Date/Time Received: 08/10/15

5:15 PM

MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102875

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACT	ERIAL	ANAL	YSIS

Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
TOTAL COLIFORM	PRESENT	UNSATISFACTORY	08/11/15	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	08/11/15	Colilert P/A	100

CHEMICAL ANALYSIS Parameter Result Unit **OPINION Date Analyzed** Method

Remarks

BEVERAGE GUN AT BAR (TC=95.9, E COLI=<1)

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDKW

REPORTED OUT BY:

Date Reported Out:

10/1/2015

Kathi Walkington, Laboratory Specialist







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David Faccone Crystal Lake, Illinois

Joseph Clarke Marengo, Illinois

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Michael Hill Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 08/20/15 12:36 PM

Collected By: J FISH

Date/Time Received: 08/20/15 3:40 PM MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102928

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
TOTAL COLIFORM	PRESENT	UNSATISFACTORY	08/20/15	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	08/20/15	Colilert P/A	100

CHEMICAL ANALYSIS						
Parameter	Result	Unit	OPINION	Date Analyzed	Method	

Remarks

WATER GUN (TC=21.3, E COLI=<1)

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDKW

REPORTED OUT BY:

Date Reported Out:

10/1/2015

Kathi Walkington, Laboratory Specialist







McHENRY COUNTY DEPARTMENT OF HEALTH

MCHENRY COUNTY GOVERNMENT CENTER

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WOODSTOCK IL 60098
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William Stinson, M.D. Crystal Lake, Illinois

David Faccone Crystal Lake, Illinois

Marengo, Illinois Mary McCann

Joseph Clarke

Woodstock, Illinois

Michael Hill Public Health Administrator Source Address:

3535 N RICHMOND RD JOHNSBURG IL 60051

Date/Time Collected: 09/10/15 11:21 AM

Collected By: J FISH

Date/Time Received: 09/10/15 3:15 PM

MCHENRY MOOSE LODGE

3535 N RICHMOND RD JOHNSBURG IL 60051

LAB NO - 102956

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/10/15	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/10/15	Colilert P/A	100

CHEMICAL ANALYSIS

Parameter Result Unit OPINION Date Analyzed Method

Remarks

SODA GUN (TC=<1, E COLI=<1)

FOR LAB USE ONLY

SR - FB - 154658 - - - (ATY - TYP) - RNKW - RDKW

REPORTED OUT BY:

Kathi Walkington, Laboratory Specialist

Date Reported Out: 10/1/2015







APPENDIX E

ENVIRONMENTAL FINDINGS

Funeral Luncheon - July 18, 2015 Problems/Recommendations Family Affair Catering

Problem 1:

Family Affair Catering did not possess a valid health permit to cater foods to the public. *Corrective Action:*

No person, firm or corporation shall operate a food establishment unless he holds a valid operating permit issued in his name for the specific food establishment.

Reason:

The permitting and inspection process is intended to ensure that all food establishments are operated within the food safety standards established in the Public Health Ordinance. These food safety standards are the minimum standards that must be met to assure the wholesomeness of food products provided to the public.

Problem 2:

Failure to cook potentially hazardous foods to minimum required internal temperatures. **This is a critical violation.**

Corrective Action:

Potentially hazardous foods requiring cooking must be adequately heated to an appropriate minimum internal temperature to destroy potential microorganisms that may be present and cause food borne illness.

Reason:

Cooking potentially hazardous foods to an appropriate minimum internal temperature establishes a barrier to the rapid and progressive growth of disease-causing organisms that may be present in foods or introduced through incidental contamination.

Problem 3:

Failure to verify the internal temperature of potentially hazardous foods with an appropriate, cleaned and sanitized thermometer or thermocouple. **This is a critical violation.**

Corrective Action:

The minimum internal temperature of all cooked potentially hazardous foods shall be verified utilizing a cleaned and sanitized, calibrated thermometer or thermocouple.

Reason:

Verification of internal food temperatures is the only way to ensure that food products reach required temperatures at the critical points in the preparation process to prevent the survival and growth of microorganisms.

Problem 4:

Failure to account for the variability of required cooking times due to uneven oven temperatures and incompletely thawed food products in the cooking process.

Corrective Action:

Sufficient number of product temperatures must verified to ensure a representative sample of each batch or pan of food product.

Reason:

Variability in food products and cooking equipment prevent batches of foods from cooking uniformly. Verification of a sufficient number of food temperatures is the only way to ensure all of the cooked foods have reached the required minimum internal temperature.

Problem 5:

Failure to keep exterior door closed throughout the catered event to prevent the entry of flies, insects, etc. **This is a critical violation.**

Corrective Action:

Outside openings shall be protected against the entry of insects by tight-fitting, self-closing doors, closed windows, screening, controlled air currents or other means.

Reason:

Insects and rodents are capable of transmitting disease to people by contaminating food and food contact surfaces.

Problem 6:

No hand washing station at the food service line. This is a critical violation.

Corrective Action:

Foodservice personnel shall have access to conveniently located hand washing facilities to allow thorough hand washing with soap and warm water prior to handling or serving food.

Reason:

Hands are the most common vehicle for the transmission of contamination to food and food contact surfaces. Utilizing proper hand washing procedures establishes a barrier to the growth and transmission of disease-causing organisms.

Problem 7:

Failure to monitor hot holding temperatures of potentially hazardous foods throughout the catered event.

Corrective Action:

Temperatures of foods in hot holding should be monitored routinely (i.e. every two (2) hours) to confirm that hot potentially hazardous foods are maintained at 135 degrees F or above. Temperature logs should be utilized to document hot holding temperatures.

Reason:

Monitoring hot holding food temperatures routinely allows foodservice personnel to intervene and take the necessary corrective action (i.e. rapid reheating to 165 degrees F) to prevent the rapid growth of microorganisms or the destruction of the potentially hazardous foods.

Problem 8:

Utilizing an unapproved location (garage at private residence) for receipt of foods, storage of potentially hazardous foods and preparing and bagging of ice for service to the public. **This is critical violation.**

Corrective Action:

All foods, to be served to the public, must be delivered to, stored and prepared only at approved locations to assure that foods are stored, prepared, and maintained under acceptable sanitation controls.

Reason:

Foods must be protected during production, packaging, storage, preparation and transportation if it is to be acceptable to the consumer.

Problem 9:

Procedures for food preparation do not provide for control of the critical steps and sanitation standard operating procedures.

Corrective Action:

HACCP concepts should be incorporated into the recipes for all potentially hazardous foods. Recipes should clearly identify every critical control point and sanitation standard operating procedures in the preparation process. Recipes should include direction for appropriate intervention when problems are encountered.

Reason:

Identification of the critical control points in the preparation of all potentially hazardous foods provides staff with the knowledge of which steps are vital in preventing foodborne illness. Appropriate control of those critical control points and sanitation standard operating procedures prevents creating an environment for the introduction or rapid growth of any pathogen which could result in foodborne illness.

Note: The problems and corrections are not necessarily listed in order of severity.

Funeral Luncheon - July 18, 2015 Problems/Recommendations McHenry Moose Lodge #691

Problem 1:

Coliform positive water sample at bar soda gun.

Corrective Action:

The soda guns and associated lines at the bar must be cleaned and sanitized and maintained routinely to prevent the introduction of coliform bacteria.

Reason:

Water may serve as a vehicle of contamination to customers or to food or food-contact surfaces.

Problem 2:

Failure to confirm that the outside caterer was properly permitted by the Department of Health.

Corrective Action:

It is the responsibility of the facility to ensure that all outside caterers are properly permitted by the applicable regulatory authority. It is recommended that documentation of approval such as a health permit or most recent health inspection be required.

Reason:

All foods, to be served to the public, must be stored, prepared and served under acceptable sanitation controls to assure the wholesomeness of the foods.

Note: The problems and corrections are not necessarily listed in order of severity.



PRODUCT FLOW CHART

Chicken – Provided by Caterer

RECEIVING

Received product frozen from Gordon Food Service. GFS Boneless Chicken Breast Fillet, 48 pieces per case delivered via sales representative's car in insulated bag. Delivered to private residence.



STORAGE

Cases placed in food trailer refrigeration unit to thaw overnight.



PREPARATION

Partially frozen chicken placed on baking sheets, salt and pepper added.



HOLDING & SERVICE

COOLING

Cooked chicken placed in 400 size pans, covered with prepared chicken gravy and placed in food warmer set at 145°F. Food remained in warmer for approximately 2.5 hours until placed on buffet service line. Chicken placed on service line for approximately 2 hours over sternos. Uneaten chicken served to bar and service staff. One portion was wrapped in foil and sent home with bartender.



COOKING

Chicken breast placed in oven and cooked at 350°F for one hour. Select pieces of chicken sliced open to visually check for doneness.



PRODUCT FLOW CHART

Chicken with Recommendations

RECEIVING

Received product frozen from Gordon Food Service. GFS Boneless Chicken Breast Fillet, 48 pieces per case delivered via sales representative's car in insulated bag to a permitted and approved location Inspect product upon receipt. Verify that product is fully frozen. Reject product that does not meet temperature requirements or is unwholesome.



STORAGE

Cases placed in food trailer refrigeration unit, maintained at 40 degrees F or below, to thaw overnight. Thaw product at 41 degrees F or below. Store raw chicken separate from or below other food items not subject to further cooking.



PREPARATION

Wash hands thoroughly using soap and warm water. Complete thawing by placing chicken under running water (70 degrees F or below) in a cleaned and sanitized food preparation or three-compartment sink or cook chicken directly from partially frozen state. Place chicken on cleaned and sanitized baking sheets, salt and pepper added.



COOKING

Place chicken breast in oven set at 350°F until the minimum internal temperature of all of the chicken pieces is 165°F for 15 seconds. Wash hands thoroughly using soap and warm water. Use a cleaned and sanitized, calibrated metal stemmed thermometer or thermocouple to verify the internal temperature of a representative number of chicken pieces in the batch.



NA

COOLING



HOLDING & SERVICE

service staff. One portion was control. Monitor temperature of a minimum of 135 degrees F bartender. wrapped in foil and sent home with chicken/gravy to 165 degrees F. below 135 degrees F, rapidly reheat stemmed thermometer. If product falls using a cleaned and sanitized, meta chicken/gravy every two (2) hours to utilize time as a public health throughout service, unless approved warmer set at 145°F. Hold chicken at gravy, covered and placed in food pans, covered with prepared chicken Cooked chicken placed in 400 size Uneaten chicken served to bar and

APPENDIX F

EPIDEMIOLOGICAL QUESTIONNAIRE

Illness Investigation Report Form





Demographics						=	
Date Reported to CD:		Date of Call to Pa	atient:			III: □ Ye	s 🗆 No
Patient Name:		Par	tient Address	S:			
City:	Zip Code:	Age:	Sex:	_ Phone Nu	mber:		
Event/Facility:							
Date of Exposure:	Time o	of exposure:	a.m./p.m	. Occupatio	n:		
Illness Information							
Symptom	Yes/No	Onset Date	Time	End Date	Time	# of Occurrences	s Duration
Diarrhea							1
Diarrhea with blood							
Vomiting							
Abdominal cramps							
Fever	Highest:						
Body ache							
Headache							
Other:							
Other:							
Did patient seek medica Physician's Name: Hospitalized? □ Yes □		Pho	one Number:				
Was patient treated wit							
Is the patient immunoco			arrie.				
is the patient illinarioed	/mprofinsed: a res						
Foods Eaten at Facility/Ev	/ent						
Household / Intimate Co	ontacts						_
Name	Phone	Age Relation	ship III (o	nset date)	Occupat	ion Rele	ase Spec.
				8			

Updated: 3/2015

Snacks Snacks	Lunch Lunc	Date (three days before onset)	Date (two days before onset)	Date (day before onset)
Lunch Lunch Dinner Dinner Dinner Dinner Dinner Dinner Snacks	Lunch Lunch Dinner Snacks Date of Result: Was a stool specimen requested by MCDH to be tested at IDPH? Date of Result: Was a stool specimen requested by MCDH to be tested at IDPH? Date of Result: Date of Result: Date of Result: Date of Result: Date of Institution Date of Institution: Date of Success Date of Result: Dinking water source at home: Dinking water source at work: Di			
Dinner Dinner	Dinner Dinner	Breakfast	Breakfast	Breakfast
Snacks Snacks	Snacks Snacks	Lunch	Lunch	Lunch
Was patient requested to see physician for testing? ☐ Yes ☐ No If yes, physician name: Office Location: Phone number: Date of Result: ☐ Result: ☐ Phone number: Was a stool specimen requested by MCDH to be tested at IDPH? ☐ Yes ☐ No If yes, collection date: ☐ Date shipped to IDPH: ☐ Date of Result: ☐ Date of Result: ☐ Date of Result: ☐ Date shipped to IDPH: ☐ Date of Result: ☐ Date of Contact:	Was patient requested to see physician for testing? □ Yes □ No If yes, physician name: Office Location: Phone number: Date of Result: Result: Was a stool specimen requested by MCDH to be tested at IDPH? □ Yes □ No If yes, collection date: Date shipped to IDPH: Date of Result: Result: Other Any personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No f yes, name of institution: Dates of contact: Did the patient have contact with a daycare center of day care home? □ Yes □ No f yes, name of daycare: Dates of contact: Drinking water source at home: □ Municipal □ Bottled □ Private Well	Dinner	Dinner	Dinner
Was patient requested to see physician for testing? □ Yes □ No If yes, physician name: Office Location: Phone number: Date of Result: Result: No If yes, collection date: Date shipped to IDPH: No If yes, collection date: Patients with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No If yes, name of institution: Dates of contact: Did the patient have contact with a daycare center of day care home? □ Yes □ No If yes, name of daycare: Dates of contact: Drinking water source at home: Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipa	Was patient requested to see physician for testing?	Snacks	Snacks	Snacks
Date of Result: Result: Date shipped to IDPH: Date of Result: Date of Result: Date shipped to IDPH: Date of Result: Pase ult: Date of Result: Result: Date of Result: Result: Date of Result: Private well Date of Result:	Date of Result: Result: No If yes, collection date: Date shipped to IDPH: No If yes, collection date: Date shipped to IDPH: Date of Result: Result: Possible patient have contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No fyes, name of institution: Dates of contact:	Was patient requested to see physicia		n name:
If yes, collection date: Date shipped to IDPH: Date of Result: Result: Result: Date of Result: Personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No fees, name of institution: Dates of contact:	Date of Result: Date shipped to IDPH: Date of Result: Part of Result: Date of Contact: Dates of Contact:	Date of Result:	Result:	
Other Any personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No f yes, name of institution: □ Dates of contact: □	Other Any personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No f yes, name of institution:	If yes, collection date:	Date shipped to IDPH:	
Any personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No If yes, name of institution: Dates of contact: Drinking water source at home: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Drinking water source at work: □ Municipal □ Bottled □ Private Well Did the patient swim in chlorinated body of water? □ Yes □ No If yes, where? If yes, dates? Did the patient travel prior to onset? □ Yes □ No If yes, dates? Did the patient travel prior to onset? □ Yes □ No If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when?	Any personal contact with a resident or an employee of a residential institution (e.g., nursing home, jail, hospital)? □ Yes □ No f yes, name of institution: □ Dates of contact: □ Dates			
Dates of contact: Drinking water source at home: Drinking water source at home: Drinking water source at home: Drinking water source at work: Drinking water	Dates of contact: Drinking water source at home: Drinking water source at home: Drinking water source at home: Drinking water source at work: Drinking water	Any personal contact with a resident or an e		
Drinking water source at home: Municipal Bottled Private Well Did the patient swim in chlorinated body of water? Yes No If yes, where? If yes, dates? If yes, dates? Did the patient travel prior to onset? Yes No If yes, dates? If yes, dates? If yes, dates? Did the patient travel prior to onset? Yes No If yes, dates? If yes, dates? Did the patient have contact with any animals at home or away from home? Yes No If yes, when? Yes No If yes, when?	Drinking water source at home: Municipal Bottled Private Well Drinking water source at work: Municipal Private Well Did the patient swim in chlorinated body of water? Yes No If yes, where? If yes, dates? Did the patient swim in a non-chlorinated body of water? Yes No If yes, where? If yes, dates? Did the patient travel prior to onset? Yes No If yes, dates? Did the patient have contact with any animals at home or away from home? Yes No If yes, when? Did the patient have contact with any animals at home or away from home? Yes No If yes, when? The patient have contact with any animals? Yes No What types of animals? Dogs Cats Reptiles Other			nct:
If yes, dates?	If yes, dates? Did the patient swim in a non-chlorinated body of water? □ Yes □ No If yes, where? If yes, dates? Did the patient travel prior to onset? □ Yes □ No If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? If yes, dates? Did the patient travel prior to onset? □ Yes □ No If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? Did the patient have contact with any animals? □ Yes □ No What types of animals? □ Dogs □ Cats □ Reptiles □ other Notes:			
If yes, dates?	If yes, dates? Did the patient travel prior to onset? □ Yes □ No If yes, where? If yes, dates? Did the patient have contact with any animals at home or away from home? □ Yes □ No If yes, when? f yes, any diarrheal illness in animals? □ Yes □ No What types of animals? □ Dogs □ Cats □ Reptiles □ other Notes:	Did the patient swim in chlorinated body of		
If yes, where? If yes, dates? If yes, dates? No If yes, when?	If yes, where? If yes, dates? No If yes, when? If yes, any diarrheal illness in animals? Yes No What types of animals? Dogs Cats Reptiles other Notes:	Did the patient swim in a non-chlorinated b		
	f yes, any diarrheal illness in animals? Yes No What types of animals? Dogs Cats Reptiles other Notes:	Did the patient travel prior to onset? Yes If yes, where?	□ NoIf yes, dates?	
	Notes:	Did the patient have contact with any anima	als at home or away from home? Yes No	If yes, when?

APPENDIX G

STOOL SAMPLE COLLECTION PROTOCOL

McHENRY COUNTY DEPARTMENT OF HEALTH

McHENRY COUNTY GOVERNMENT CENTER
2200 N SEMINARY AVENUE – ROUTE 47 N.
WOODSTOCK IL 60098
TELEPHONE 815-334-4500
FAX 815-334-1884
www.mcdh.info

Stool Specimen Collection Kit Instructions

- 1. Name, date and time of specimen MUST be written on the side of the collection tube.
- 2. Two specimens are needed and they MUST be collected 24 hours apart from each other.
- 3. Do not collect the specimen until your diarrhea has stopped for **24 hours**.
- 4. If you are taking an antibiotic you MUST wait 2 days after completing the antibiotic before collecting the first stool.
- Specimens can only be collected on Sunday, Monday, Tuesday or Wednesday. The McHenry
 County Department of Health (MCDH) will NOT accept specimens collected on Thursday, Friday or
 Saturday.
- 6. Specimens MUST be REFRIGERATED after collection.
- 7. Call the MCDH at **815-334-4500** as soon as the first specimen is collected or with any questions. The specimens are time sensitive therefore be sure to call the MCDH when the first specimen is collected for further instructions.

DEPARTMENT OF HEALTH MCHENRY COUNTY

2200 N. Seminary Ave Woodstock IL 60098 www.mcdh.info (815) 334-4500

Stool Specimen Collection Kit Instructions for

- tient's name and date that the specimen is col 1. Obtain the sample container. Write the palected on the container
- secured by adhesive tape to before using the tollet, lift up wrap over the toilet bowl, falling into the tollet bowl. prevent the sample piece of wax paper a plastic the toilet seat and place a To collect a stool sample,
- the feces (stool), using 3. Collect a specimen of
- be placed in another plastic bag and closed with a by placing in a paper or plastic bag. This bag should 4. Dispose of the remainder of feces (stool) in the toilet, and discard the soiled wax paper or plastic wrap instructions marked on this sheet

twist fie. Discard the plastic bag in the garbage

After disposal, wash hands carefully with soap and water.

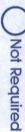
For any questions, please call:

McHenry County Department of Health Communicable Disease Program (815) 334-4500

Thank you for your time and cooperation.

Bacterial Analysis

) Required



specimen tube, which has a preserva-1. Open the resealable bag with the tive in the bottom of the tube. Open the protective wrapper, remove the plastic tube (but leave the swab in the wrapper at this time), and write the patient's name and the date of the specimen collection on the side of the tube.

(stool) swab 2. Next, you will need to collect a fecal

It in the specimen cup.

Reseal the lid.

- 3. Remove and discard the top cap on the tube
- 4. Remove the swab from the wrapper, and dip the swab in the stool so the entire tip is coafed.
- 5. Insert the stool-coated swab into the plastic tube until it is below the surface of the liquid at the bottom of the tube, and tighten the cap.
- Make sure that the patient's name as well the specimen swab tube. as the date of collection is on the outside of
- 7. Place the specimen swab tube into the resealable plastic bag and reseal it.
- 8. Place the sealed plastic bag into the carrying bag.

and the date of the specimen collection wrapper and write the patient's name specimen cup. Open the protective to remove a small piece of stool on the side of the cup. Open the resealable bag with the (about 1 inch) and place) Required Use a clean plastic knife or scalpel Viral Analysis ()Not Required



- specimen cup. on the outside of the the date of collection is patient's name as well as 3. Make sure that the
- bag and reseal it. into the resealable plastic 4. Place the specimen cup
- Place the sealed plastic bag into the carrying bag.

Refrigerate sample containers (in the plastic bag) until they are returned to the Health Department

men to the Health Department within 24 hours of collecting a stool sample Samples have to reach the State Laboratory within 72 hours, so please deliver the plastic bag with the speci-

Deliver all refrigerated stool samples to

McHenry County Department of Health, 2200 North Seminary Ave., Annex B, Woodstock IL 60098

A special collection has been arranged at the site below, if checked:



APPENDIX H

REFERENCES

REFERENCES Funeral Luncheon – July 18, 2015 Family Affair Catering

Control of Communicable Diseases Manual American Public Health Association 20th Edition, 2015 David L. Heymann, MD, Editor

Mandell, Douglas and Bennett's Principle's and Practice of Infectious Diseases Churchill Livingstone, Inc.
Seventh Edition, 2010
Gerald L. Mandell, M.D., John E. Bennett, M.D., Raphael Dolin, M.D., Editors

Ready Reference for Microbes
Association for Professionals in Infection Control and Epidemiology 3rd Edition, 2012
Kathy Brooks, RN, PhD, CPHQ