

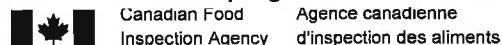
**CANADIAN FOOD INSPECTION AGENCY**

**REPORT OF ANALYSIS**

**E. COLI O157**

**TANIMURA & ANTLE ROMAINE LETTUCE**

**PFGE: ECXA1.1775/ECBN1.0012**



**CANADIAN FOOD INSPECTION AGENCY**  
**REPORT OF ANALYSIS**  
 FOOD PRODUCTS SAMPLING SUBMISSION  
 Version 5.0.6  
 Serial: 000003043526

**System ID:** 2012FFV-0000052649-4 **Receptions by all Labs:** 1  
**Reference No.:** 2012FFVS-0000057891-4 **Number of Jobs Authorized:** 1

**Laboratory No.:** CAL-FD-2012-MI-0424 **Date Received:** 2012/08/09 **Job Status:** Authorized

**Laboratory:** (1998) CALGARY LABORATORY **Telephone:** (403) 299-7600  
 3650 36 ST NW **Fax:** (403) 221-3293  
 CALGARY, AB T2L 2L1

**This report shall not be reproduced, except in full, without the written approval of the laboratory.**

**Submitted By:** CFIA Inspector **Telephone:** (204) 983-2200  
 (7859) INGRID GRYWACHESKI **Fax:** (204) 984-6008  
 269 MAIN STREET **Cell:**  
 WINNIPEG, MB R3C 1B2 **Email:** INGRID.GRYWACHESKI@INSPECTION.GC.CA

**Program:** FRESH FRUIT AND VEGETABLES **Function:** IMPORT

**Sampling Plan:** 2012\_F207 - Imported, Fresh Vegetables

**Product vs. Environmental:** Product

**Country of Origin:** UNITED STATES  
**Sampled At:** CRESCENT MULTI FOODS  
 CRESCENT MULTI FOODS LTD  
 2049 DUGALD ROAD  
 P.O. BOX 86  
 WINNIPEG, MB R2J0H3  
**Responsible Party:** CRESCENT MULTI FOODS

**Inspection Type:** Monitoring  
**Sample Priority:** Regular  
**Inspector Priority:** Product Inspection  
**Number of Units per Sample:** 5  
**Submitter Comments:** TANEMURA AND ANTLE INC. SALINAS CA. 93912-407 CALGARY LAB

**Date Sampled:** 2012/08/08 10:00 AM

**Date Received:** 2012/08/09

**Temperature at Reception:** 5.7 °C

**Lab Sample No.:** CAL-FD-2012-MI-0424-0001 **Inspection Sample No.:** C2012FVM0084

**Product Identification Code:** PO 027419  
**Sample Description:** ROMAINE LETTUCE  
**Primary Process:** FRESH  
**Container Type:** Plastic, film  
**Storage:** Refrigerated  
**Product Class:** Vegetable and Vegetable Products (Fresh)  
**Product Sub Class:** Raw (Whole) Vegetables, Including Fresh Herbs  
**Lot Number:** 5417802151  
**Common Name:** ROMAINE LETTUCE  
**Brand:** TANAMURA & ANTLE  
**Variety:** ROMAINE

**Method:** MFLP-29 Modified Salmonella **Not Detected / 125 grams///Non détecté / 125 grammes**

**Test Assessed:** Satisfactory

**Method:** MFLP-26 Shigella **Not Detected / 125 grams///Non détecté / 125 grammes**

**Test Assessed:** Satisfactory

**Method:** CFIAFSSD-001 E. coli count **<5.0 /g**

**Test Assessed:** Satisfactory

**Method:** MFLP-30 E. coli O157 **Proceeding with MFLP-80///Procédons avec la méthode MFLP-80**

**Test Assessed:** No Decision

**System ID:** 2012FFV-0000052649-4  
**Reference No.:** 2012FFVS-0000057891-4

**Receptions by all Labs:** 1  
**Number of Jobs Authorized:** 1

**Laboratory No.:** CAL-FD-2012-MI-0424

**Date Received:** 2012/08/09

**Job Status:** Authorized

**Method:** MFLP-80  
 E. coli O157  
 Detected / 125 grams///Détecté / 125 grammes  
**Test Assessed:** Unsatisfactory

**Method:** MFLP-83  
 EHEC Verotoxins  
 Detected/// Détecté  
**Test Assessed:** Unsatisfactory  
**Test Assessment Comments:** VT1 and VT2 confirmed

**Method:** Reference Laboratory  
 Lab Identity  
 CFIA-OLF Laboratory located in Ottawa, ON.///Laboratoire ACIA, Ottawa, ON.  
 ECXAI.1775  
 ECBNI.0012

**Test Assessed:** No Decision

**Job Authorized:** 2012/08/17

**Authorized By:** Sandy White

**Authorized**

**Job Assessed:**

Unsatisfactory

**Date Assessed:** 2012/08/17

**These results relate only to the sample as tested by this laboratory.**

\*\*\* END OF REPORT \*\*\*

**ALBERTA HEALTH SERVICES**

**GAIL BERNACKI**

**E. COLI O157**

**PFGE: ECXA1.1775/ECBN1.0012**

5 floor 1213 4 Street SW Calgary, AB T2R 0X7  
 Phone Number: 403-955-6819 Fax Number: 403-955-6816

**NDR Interview Form**

Facility Information:	Facility Number:	ENT-028-000006
E. coli O157:H7 (0080)	Reporting Site:	
	Facility Type:	General Facility
Phone:	Fax:	
Facility Category:	Enterics, NDR	
Survey Date:	2012-08-29	
	Survey Officer Name:	

**NOTIFIABLE DISEASE INVESTIGATION FORM**  
**Section 1: Disease Descriptors**

- 1.1 Regional Case Investigation Number:  
2012-00713
- 1.2 Notifiable Disease Report Number:  
527944
- 1.3 EI #:  
\*Not Entered\*
- 1.4 EI/OB:  
\*Not Entered\*
- 1.5 What date was the lab report received?  
2012-00713
- 1.6 Month:  
August
- 1.7 Week:  
35
- 1.8 Specimen type:  
Stool
- 1.9 Specimen collection date:  
2012-Aug-26
- 1.10 Confirmed organism name:  
E. coli O157:H7 (0080)
- 1.11 Serotype:  
\*Not Entered\*
- 1.12 Phagetype:  
0.1150
- 1.13 PFGE:  
Natl Pattern EXAI .1775 ECBNI .0012 Romane lettuce recall Tantamira and antle
- 1.14 Reporting agency::  
Private Lab
- 1.16 General comments regarding disease descriptors:  
\*Not Entered\*

**Section 2: Case Contact Information**

- 2.1 Public Healthcare Number:  
161265000
- 2.2 Person providing information:  
Daughter s.17(1), 17(4)(g)(i)
- 2.3 Interpreter used?  
No

- 2.4 Interpreter name / phone number:  
\*Not Entered\*
- 2.5 Surname:  
Bernacki
- 2.6 First name:  
Gail
- 2.7 Middle name:  
Awigea
- 2.8 Birth date of case:  
1928-Oct-30
- 2.9 Sex:  
Female
- 2.10 Age:  
83
- 2.11 Home address:  
2945 Toronto Crescent NW
- 2.12 City / Town:  
Calgary
- 2.13 Postal Code:  
T2N 3W4
- 2.14 Home telephone number:  
403-284-1406
- 2.15 Work telephone number:  
\*Not Entered\*
- 2.16 Cell number:  
\*Not Entered\*

**Section 3: Case Symptoms**

- 3.1 General comments regarding case symptoms:  
\*Not Entered\*
- 3.2 Reason for test:  
Symptomatic
- 3.3 What symptoms did you have? Select all that apply, and then indicate the onset date and time, and duration in hours:  
Bloody Diarrhea
- 3.4 Symptom 2:  
Abdominal Cramps
- 3.5 Symptom 3:  
Nausea
- 3.6 Symptom 4:  
\*Not Entered\*
- 3.7 Symptom 5:  
\*Not Entered\*
- 3.8 Onset date and time of symptoms:  
30-Jul-2012
- 3.9 Are you still symptomatic?  
Yes
- 3.10 Duration (hours):  
\*Not Entered\*
- 3.11 Do you have any known food allergies (allergens and symptoms)?  
No
- 3.12 If you have known food allergies, briefly explain:  
\*Not Entered\*

**Section 4: Medical Treatment**

- 4.1 General comments regarding medical treatment:  
\*Not Entered\*
- 4.2 What medical follow-up have you received?  
Hospitalization
- 4.3 If hospitalized occurred, what was the admission date?  
25-Aug-2012
- 4.4 Outcome of illness?  
Symptoms Ongoing
- 4.5 If case died, what was the date of death?  
\*Not Entered\*

**Section 5: Additional Ill Cases (if applicable)**

- 5.1 General comments regarding additional ill cases:  
None
- 5.2 Are there any additional ill cases in your household or who are close contacts to you?  
No
- 5.3 Additional Ill Case #1 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.4 Does the first additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.5 Additional Ill Case #2 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.6 Does the second additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.7 Additional Ill Case #3 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.8 Does the third additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.9 Additional Ill Case #4 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.10 Does the fourth additional ill case live in the same household as the primary case?  
\*Not Entered\*

**Section 6: Travel Exposure**

- 6.1 General comments regarding travel exposure:  
None
- 6.2 If your illness was acquired while residing outside of Canada, what country were you residing in?  
\*Not Entered\*
- 6.3 If you were previously living outside of Canada, what was your date of arrival to Canada?  
\*Not Entered\*
- 6.4 If you have traveled in the past 30 days, what were the locations and dates of departure and return to home?  
\*Not Entered\*
- 6.5 What resorts, if any, did you stay at during your trip?  
\*Not Entered\*
- 6.6 Was travel within Alberta, within Canada, or outside of Canada?  
\*Not Entered\*
- 6.7 World geographic area associated (if travel was outside of Canada):  
\*Not Entered\*
- 6.8 Probable country associated (if travel was outside of Canada):  
\*Not Entered\*

6.9 Canadian province / territory associated (if applicable):  
\*Not Entered\*

6.10 What was your reason for travel?  
\*Not Entered\*

**Section 7: Food History**

- 7.1 General comments regarding food history:  
17(1), 17(4)(g)(i) does Not eat out a lot/did have a 3 pack romaine lettuce from tanramira and antle brand probably from Coop ??  
advised 10-Sep-2012 Not sure when product was consumed .
- 7.2 On the date of onset (day 0), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.3 Breakfast (day 0):  
\*Not Entered\*
- 7.4 Lunch (day 0):  
\*Not Entered\*
- 7.5 Dinner (day 0):  
\*Not Entered\*
- 7.6 Other (day 0):  
did eat at hi-Ball rest stadium during incubation period 3 others not ill note bean sprouts ???
- 7.7 One day prior to onset (day 1), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.8 Breakfast (day 1):  
\*Not Entered\*
- 7.9 Lunch (day 1):  
\*Not Entered\*
- 7.10 Dinner (day 1):  
\*Not Entered\*
- 7.11 Other (day 1):  
\*Not Entered\*
- 7.12 Two days prior to onset (day 2), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.13 Breakfast (day 2):  
\*Not Entered\*
- 7.14 Lunch (day 2):  
\*Not Entered\*
- 7.15 Dinner (day 2):  
\*Not Entered\*
- 7.16 Other (day 2):  
\*Not Entered\*
- 7.17 Three days prior to onset (day 3), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.18 Breakfast (day 3):  
\*Not Entered\*
- 7.19 Lunch (day 3):  
\*Not Entered\*
- 7.20 Dinner (day 3):  
\*Not Entered\*
- 7.21 Other (day 3):  
\*Not Entered\*



**NDR Interview Form**

- 7.22 Four days prior to onset (day 4), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.23 Breakfast (day 4):  
\*Not Entered\*
- 7.24 Lunch (day 4):  
\*Not Entered\*
- 7.25 Dinner (day 4):  
\*Not Entered\*
- 7.26 Other (day 4):  
superstore deerfoot meadows and safeway north hill or market mall coop brentwood
- 7.27 High risk food consumed #1:  
\*Not Entered\*
- 7.28 High risk food consumed #2:  
\*Not Entered\*
- 7.29 High risk food consumed #3:  
\*Not Entered\*
- 7.30 Have you handled raw meats either at work or in your home at any time in the past 7 days?  
No

**Section 8: Drinking Water Exposure**

- 8.1 General comments regarding drinking water exposure:  
\*Not Entered\*
- 8.2 What is your primary drinking water supply at home?  
Municipal Treated at Home
- 8.3 Additional information (e.g. treatment method, shallow well, name of river, etc.)  
Brita filter

**Section 9: Recreational Exposures**

- 9.1 General comments regarding recreational exposures:  
husband does gardening
- 9.2 Did you swim at any time in the 30 days prior to the onset of symptoms?  
No
- 9.3 If "Yes", provide additional details as well as the date(s) of exposure (e.g. pool name and address, lake name and location, etc.):  
\*Not Entered\*
- 9.4 Any other recreational activities?  
\*Not Entered\*

**Section 10: Animal Exposures**

- 10.1 General comments regarding animal exposures:  
None
- 10.2 Have you had contact with any animals in the 30 days prior to onset?  
No
- 10.3 If "Yes", provide additional details including dates(s) of contact, type of animal(s), and specific locations(s) where contact occurred:  
\*Not Entered\*
- 10.4 Animal feed (type, brand, store purchased from, etc.)?  
\*Not Entered\*
- 10.5 Probable animal associated with illness:  
\*Not Entered\*

**Section 11: Human Exposures**

- 11.1 General comments regarding human exposures:  
None
- 11.2 Have you had contact with any person with similar symptoms in the 30 days prior to the onset of your symptoms?  
No

- 11.3 If you have had contact with a person with similar symptoms, please indicate the date(s) and location(s):  
\*Not Entered\*
- 11.4 Could you have come into direct contact with human fecal material at any time in the 30 days prior to onset? (e.g. do you care for anyone using a diaper as part of your home or work duties?)  
No

**Ask the next 3 questions only if case is 18 years of age or older and when other types of exp**

- 11.5 During the 30 days prior to the onset of your symptoms, did you have sexual contact with men, women, or both?  
\*Not Entered\*
- 11.6 In the 30 days prior to the onset of your illness, did you have sexual contact with more than 1 person?  
\*Not Entered\*
- 11.7 Do you know if your sexual partner(s) was(were) experiencing any symptoms of diarrhea, abdominal cramps, nausea, or vomiting?  
\*Not Entered\*

**Section 12: Case Occupation**

- 12.1 General comments regarding case occupation:  
Retired
- 12.2 Do you work as a Food Handler, Child Care Worker, or Healthcare Worker that has contact with patients?  
\*Not Entered\*
- 12.3 What is the name and location of your place of employment?  
\*Not Entered\*
- 12.4 Does anyone in your household work as a Food Handler, Child Care Worker, or Healthcare Worker that has contact with patients?  
\*Not Entered\*

**Section 13: Child Care**

- 13.1 General comments regarding child care:  
None
- 13.2 For children 12 years and younger: Does your son / daughter attend child care (child care = day home, day care, after-school care)?  
\*Not Entered\*
- 13.3 If your son / daughter attends child care, please provide the name and address of the facility:  
\*Not Entered\*
- 13.4 Phone number of child care facility:  
\*Not Entered\*
- 13.5 Are you aware of any other cases of illness in that child care facility?  
\*Not Entered\*
- 13.6 Are you aware of any animals in the child care facility? If "Yes", what kind?  
\*Not Entered\*

**Section 14: Exclusion of Case or Close Contacts**

- 14.1 General comments regarding exclusion:  
none
- 14.2 Case and / or contact of case excluded?  
No
- 14.3 Exclusion date of the case and / or close contacts:  
\*Not Entered\*
- 14.4 Date the exclusion order was rescinded:  
\*Not Entered\*

**Section 15: Summary**

- 15.1 General comments regarding summary:  
\*Not Entered\*
- 15.2 How was disease likely acquired?  
Unknown
- 15.3 Where was disease likely acquired?  
Private Dwelling

***NDR Interview Form***

- 15.4 Name of establishment implicated:  
\*Not Entered\*
- 15.5 Address of establishment implicated:  
\*Not Entered\*
- 15.6 Name of first establishment equally suspect:  
\*Not Entered\*
- 15.7 Address of first establishment equally suspect:  
\*Not Entered\*
- 15.8 Name of second establishment equally suspect:  
\*Not Entered\*
- 15.9 Address of second establishment equally suspect:  
\*Not Entered\*
- 15.10 Name of third establishment equally suspect:  
\*Not Entered\*
- 15.11 Address of third establishment equally suspect:  
\*Not Entered\*
- 5.12 Reason for no referral to district EHO?  
\*Not Entered\*
- 15.13 Date the no contact letter was mailed:  
\*Not Entered\*
- 15.14 Interviewed by:  
Crowe, Larry
- 15.15 Date the interview was completed:  
30-Aug-2012

**CANADIAN FOOD INSPECTION AGENCY**

**NEGATIVE TEST RESULT**

**TANIMURA AND ANTLE ROMAINE LETTUCE**

**COLLECTED FROM BERNACKI HOME**

**(ADDRESSED TO SHARON PLUIM, GAIL  
BERNACKI'S DAUGHTER)**



Canadian Food Inspection Agency Agence canadienne d'inspection des aliments

#202, 110 Country Hills Landing NW  
Calgary, AB T3K 5P3

sent via email  
IMS# 58712

September 25, 2012

Sharon Pluim  
43 Aldebaran Ave  
Lompoc, CA 93436

**RE: Test Results for Open Consumer Sample Collected on September 12, 2012**

Dear Ms. Pluim,

This letter will confirm that the open consumer sample received from your relative, Victor Michuk on September 12, 2012 was submitted to the Canadian Food Inspection Agency's laboratory for analysis of E.coli 0157:H7 on that day.

As discussed today, the sample consisted of a partial head of iceberg lettuce contained in an unlabelled produce bag and a partial head of romaine lettuce contained in the opened original packaging. These were treated as two separate samples and details of the analysis are as follows:

Sample	Analysis	Results	Method
Iceberg Lettuce Brand: N/A UPC: N/A	E.coli 0157:H7	Not Detected / 125 grams	MFLP-30
Romaine Lettuce Brand: Tanimura and Antle UPC: 0 27918 20314 9	E.coli 0157:H7	Not Detected / 125 grams	MFLP-30

Should you have any questions or concerns, please feel free to contact the undersigned.

Yours truly,

Karen Henderson  
Food Safety Specialist  
Alberta South Region

Canada