Toe River District Salmonella heidelberg Outbreak April 18 - April 30th 2002

Final Report

Introduction:

The Toe River District (Avery, Mitchell and Yancey Counties), N.C., Health Director, Mr. Tom Singleton, was alerted by hospital healthcare providers on April 25, 2002, that an unusually large number of ill people were presenting at various regional medical facilities for evaluation and treatment of acute gastroenteritis. A common source was suspected. The following day (April 26), the Mitchell County Health Department's (HD) Nursing Supervisor received notice of a positive Salmonella species stool culture on one patient and learned of five hospitalized patients with presumptive diagnosis of salmonella gastroenteritis. Upon further investigation she discovered that all apparently had eaten at a single restaurant, the Western Sizzlin in Spruce Pines, NC, in the days prior to developing symptoms. By the end of the day, two cases of salmonellosis were confirmed, and approximately seven were pending confirmation. During this time period, the District's Health Director had conferred with the Acting Head of the State's General Communicable Disease Control Branch, Dr. Newt MacCormack. Over the weekend, the numbers of reports of similar illness increased dramatically, and by the afternoon of April 29, it was clear that the outbreak was ongoing and linked to the Western Sizzlin restaurant. The manager of the facility, Mr. Darren King, voluntarily closed the restaurant until an epidemiologic study could be conducted. On April 30, Dr. Pam Jenkins, Foodborne Disease Nurse Epidemiologist, was dispatched from the NC Division of Public Health to assist the Toe River District Health Department in the investigation.

Methodology

Epidemiologic Study

A case-control study was initiated on April 30. A case patient was defined as any individual having nausea, vomiting and/or three or more diarrheal stools per day and who ate at the Western Sizzlin in Spruce Pines between April 18th and April 30th. All three offices of the Toe River District conducted interviews on cases and controls using a standardized survey form. A toll free phone hotline was set up on May 1 and manned during regular working hours (Monday - Friday) and on Saturday, May 4. On April 30 a media point person was identified. Daily press releases were disseminated to keep the public informed about progress in the investigation.

Environmental Investigation:

On April 26 the Health Director and one of the Environmental Health (EH) specialists from the Mitchell County HD inspected the restaurant. The following deficiencies were noted: items improperly stored in ice bays; need to use shallow pans to store leftover foods; plates improperly stored (right side up near cash register); dirt beneath ice tray lid; build up on o-ring of tea dispenser nozzle; dirty fans in prep and kitchen areas; dirty gaskets on coolers in kitchen; improper storage of butter (placed on top of salads); meat not stored on bottom shelves in coolers; unclean grease traps; dirty "clean" dishes found;

unclean tomato dicer; improper multi-use of sink; uncovered items in storage; lack of back-flow preventor on faucets; and improper preparation of fresh fruit.

On April 29 the EH team collected food samples from an individual patron who had taken food home. The food collected for sampling included: hamburger steak with gravy, fried chicken, hamburger steak without gravy, and ham (which had been placed under the hamburger steak without gravy on the plate of food taken home). These specimens were sent to the State Laboratory for Public Health (SLPH) for analysis. The Health Director, EH Supervisor, and Regional EH Supervisor visited the restaurant and asked the manager to voluntarily close the restaurant pending results of the epidemiologic study. The manager, Darren King, closed his restaurant between 3-4pm on April 29.

The owners of the restaurant complained that their public water was muddy on April 22. They queried whether this could have been the source of the outbreak. On April 30 Mitchell County Health Department EH personnel obtained samples from the following sources at the restaurant: 1) water from the tap in the kitchen, 2) water from the waitress serving station, 3) leftover prepared mashed potatoes and gravy, and 4) unopened packages of dried mashed potatoes and gravy. These were sent to the SLPH for culture. On May 1 samples of ice from the bottom of the large ice chest in the kitchen area were obtained. That same day, the restaurant was toured by EH staff from the Mitchell County HD and Dr. Pam Jenkins from the State's Communicable Disease Control Branch.

In an attempt to try and identify the exact cause of the outbreak, further environmental samples were taken on May 13. These included culturing a pet snake of one of the asymptomatic but culture-positive employees, as well as fresh chicken, ham, strawberries, cantaloupe, cooked and raw roast beef, raw hamburger, hard boiled eggs, filet mignon with bacon, sirloin steak and NY strip.

Note: Prior to this outbreak, the Mitchell County Health Department's inspection of this restaurant had historically resulted in a 99% rating.

Laboratory

Stool specimens were collected from as many individuals meeting case definition as possible. All three health departments in the Toe River Health District collected and processed the specimens. In addition, specimens were collected and processed by the Spruce Pines Community Hospital, other local hospitals and private doctor's offices. Isolates were sent to the SLPH for serotyping.

Results

Epidemiologic Study

Univariate and stratified analyses were done using Epi6. Stepwise logistic regression modeling was done using SAS.

Figure 1 shows the relationship between the dates the case patients ate at the restaurant in contrast with Figure 2, which shows the date of onset of symptoms.

FIGURE 1

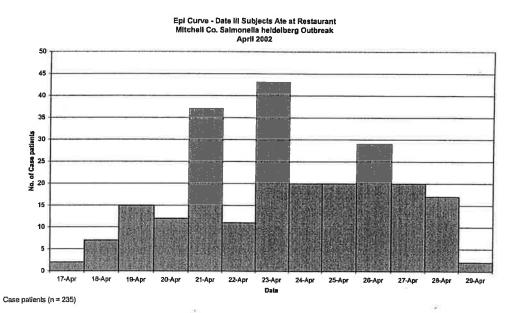
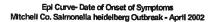
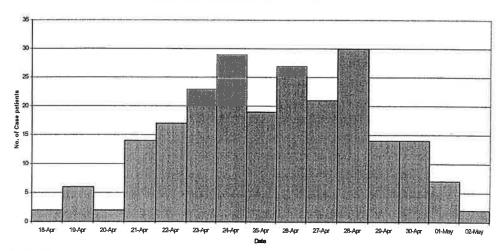


FIGURE 2



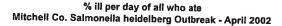


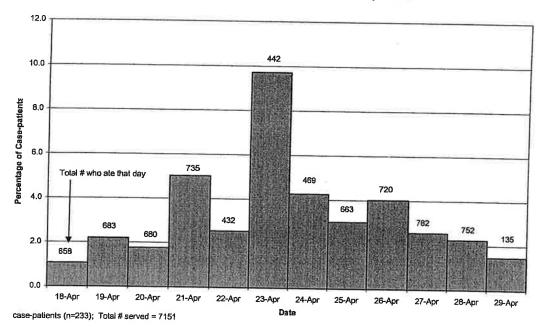
Cae patients (n=227)

Both curves are consistent with a continuous source outbreak pattern.

Figure 3 shows the percentage ill of all those who ate each day at the restaurant. The total number of individuals who ate at the restaurant that day is also noted.

FIGURE 3





The following are the results of the epidemiology study:

Population at risk (i.e., those who ate at Western Sizzlin from 4/18 - 4/29)

Buffet Only	3004
Salad w/entree	658
Salad only	501
Entree	<u> 2988</u>
Total	7151

A case-control was conducted. A total of 239 individuals meeting the case definition and 371 controls were selected for study. Individuals were requested to call the Toe River District toll-free hotline if they had eaten at the restaurant during the time period of April 18-29th. Controls were selected from this group of individuals. A questionnaire was developed using the restaurant's inventory of food items served during that time period (Appendix A).

The following are the results of the analysis of the surveys:

Demographics:

	Case	Case	Control	Control
	N	%	N	%
Male	106	44	165	45
Female	132	56	199	55
White	234	98.7	361	98.9
Black	1	<1	0	0
Other	2.	<1	4	1.1
Mean Age	38		42	

Signs and Symptoms:

	Cases	Cases
	No.	%
Fever	124	55
Cramps	179	79
Vomiting	98	44
Bloody Diarrhea	20	9.4
Non-bloody diarrhea	158	72
Nausea	160	70
Watery diarrhea	184	79
Headache	125	56
Cough	37	17
Dehydration	53	26
Sinus pain/pressure	48	23
Hospitalized	22	9.2

Based on univariate analysis of the data collected, consumption of the following food items were identified risk factors for *Salmonella heidelberg* infection during this outbreak.

TABLE 4

Food Hom			tients			rols		95% Confidence
Food item	No.		Total	No.	%	Total	Odds Ratio	Interval
Fresh Sauerkraut	8	3.5	228	1	.29	349	12.65	1.58,276.22
Penne Primo	6	2.7	226	2	.57	352	9.57	1.12,216.04
Beef gravy	69	30	231	28	7.9	354	4.96	2.99,8.27
(Roast beef) With gravy	28	12	232	10	2.9	350	4.67	2.10,10.59
Mashed potatoes	114	49	232	74	21	357	3.69	2.52,5.42
Roast Beef	41	18	231	25	7.1	351	2.81	1.60,4.96
Salisbury Steak	20	8.6	232	13	3.7	352	2.46	1.13,5.40
Sweet potatoes	21	9	232			354	2.25	1.07,4.74
Fresh chicken	44	19	232			352	2.19	1.13,3.66
Aujus gravy	24	10	231	18	5.1	350	2.14	1.08,4.25
Macaroni n'cheese	51	22	231	49	14	351	1.75	1.10,2.77
Green beans	57	25	232	56	16	354	1.73	1.12,2.69
Yeast rolls	132	57	230	169	47	358	1.51	1.06,2.14
Sweet tea*	87	40	217	146	42	352	0.94	0.66,1.36

^{*}Not significant in overall totals but does reach significance in daily totals

TABLE 5

Daily Odds Ratios by Univariate Analysis				
Date/Variable	OR	95%CI	% of ill who ate	
April 20 th				
Mashed potatoes	28	2.12,835.32	67	
April 21				
Mashed potatoes	4.07	1.33,12.84	60	
April 22th				
Mashed potatoes	undef	1.17, undef	55	
April 23 rd				
Mashed potatoes	12.68	2,103.23	74	
Beef gravy	10.98	1.18,254.90	55	
April 24 th				
Mashed potatoes	13.06	1.93,112.71	58	
April 25 th				
Mashed potatoes	18.67	1.90,451.94	40	
Sweet tea	9	2.01,43.94	75	
Macaroni n'cheese	7.27	1.10,60.50	35	
April 26 th				
Sweet potatoes	13.33	1.36,323.28	17	

Results of stratified analysis:

TABLE 6

	Stratif	ied Analysis			
	Crude OR	OR for Ill	95%CI	OR for Not Ill	95%CI
Adjusted for beef gravy					
Diarrhea & Mashed potatoes	3.69	2.54	0.71,9.10	2.61	1.65,4.20
Adjusted for Mashed potatoes					
Diarrhea & Beef gravy	4.96	2.79	1.41,5.55	2.87	0.91,9.12
Adjusted for Aujus gravy					
Diarrhea and Mashed potatoes	3.69	6.57	0.57,174.44	4.05	2.65,6.21
Adjusted for Mashed potatoes					
Diarrhea and aujus gravy	2.14	0.97	0.43,2.20	0.6	0.02,5.80
Adjusted for (roast beef) with gravy					
Diarrhea and Mashed potatoes	3.69	6	0.91,43.94	3.4	2.26,5.13
Adjusted for Mashed potatoes					
Diarrhea and (roast beef) with gravy	4.67	3.41	1.14,10.93	1.94	0.42,8.58
Adjusted for Sweet tea					
Diarrhea and Mashed potatoes	3.69	2.85	1.56,5.29	5.37	3.12,9.27
Adjusted for Mashed potatoes					
Diarrhea and Sweet tea	0.94	0.58	0.30,1.13	1.09	0.67,1.77
Adjusted for beef gravy + with gravy					
Diarrhea and Mashed potatoes	3.69	3.27	1.20,8.97	3.07	2.27,4.15
Adjusted for Mashed potatoes					
Diarrhea and Beef gravy + with gravy		2.62	1.54,4.49	2.46	1.02,5.96

From these results it still could not be determined which items were significant and which were confounders. The following significant results were obtained:

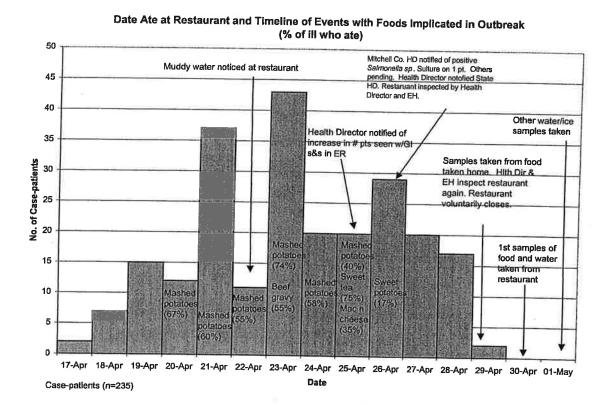
TABLE 7

Results of Stepwise Regression								
Parameter	DF	Estimate	Std	Wald Chi-	Pr>ChiSq	Point	95% V	Vald CI
			Error	Sq		Estimate		
Intercept	1	-0.9289	0.1085	73.2678	<.0001			
Mashed potatoes	1	0.8256	0.2125	15.0988	0.0001	2.283	1.506	3.463
Beef gravy	1	1.0019	0.2763	13.1500	0.0003	2.723	1.585	4.680
(roast beef)With gravy	1	0.9506	0.4022	5.5871	0.0181	2.587	1.176	5.691

Summary Epidemiologic Curve

Figure 4 is an epidemiologic curve showing who ate at the restaurant, timeline of events, daily significant items, and the percent of the cases who ate those items.

FIGURE 4



Laboratory Results:

The following is the results of the food sample cultures sent to the SLPH:

	TABLE 8	
Items from an individual's home	Result	PFGE
Hamburger steak with gravy	Positive for S. heidelberg	A
Hamburger steak without gravy	Negative	
Fried Chicken	Positive for S. heidelberg	Α
Ham	Positive for S. heidelberg	A
Applicator stick marked "gravy"	Positive for S. heidelberg	A
Items from Restaurant	Result	
Leftover prepared gravy	Negative	

Leftover prepared mashed potatoes	Negative
Unopened dry mash potatoes	Negative
Unopened dry gravy mix	Negative

All water samples showed no coliforms.

Items sampled on May13th	Result
Pet snake	Negative
Fresh chicken	Negative
Ham	Negative
Strawberries	Negative
Cantaloupe	Negative
Cooked roast beef	Negative
Raw roast beef	Negative
Raw hamburger	Negative
Hard boiled eggs	Negative
Filet mignon with bacon	Negative
Sirloin steak	Negative
NY strip steak	Negative

Stool Cultures

A total of 88 specimens were collected by the Toe River Health District HD. Fifty stool cultures from customers and employees were confirmed positive for *Salmonella heidelberg*. Of these 50, two were asymptomatic employees of the restaurant. Both individuals ate daily at the restaurant. Lengthy interviews with the two employees were conducted. The outbreak PFGE (Pulsed Field Gel Electrophoresis) pattern A was seen in 6 cases, with an additional case having a PFGE pattern R, which differed from pattern A by only one band and was therefore considered to be the same as pattern A. No further PFGE patterns were determined after these seven cases as it was felt that the outbreak pattern and link were well established.

There may be more results from private doctors' offices or local hospitals that were not reported to Toe River Health District.

Conclusions:

- Toe River Health District reacted as soon as the outbreak was identified.
- It can not be determined if the mashed potatoes started the outbreak. Food samples taken of the dried mashed potatoes mix, as well as samples taken from prepared mashed potatoes in the restaurant failed to show any *Salmonella* growth. Samples taken from food will often not grow the organism of interest, even if it is present. Only a small sample was taken from a large tray of mashed potatoes, and the "hot spot" of contamination may have been missed.
- While the original source of the contamination could not be determined, the data show three items were significantly associated with illness: mashed potatoes, beef gravy, and (roast beef) with gravy. Interestingly, the items found to be significant in the daily analysis (i.e., mashed potatoes, beef gravy, sweet tea, macaroni n'cheese, and sweet potatoes) differed from those

found to be significant for the whole outbreak period. In either case, based on previous outbreaks in restaurants and on the data from this outbreak it is logical to conclude that poor food handling practices contributed significantly to the spread of the contamination from the original source -- whatever it was -- to several food items over the course of this outbreak.

- While two employees tested positive for Salmonella heidelberg, it could not be determine whether they got their infection from eating at the restaurant or infected the food at the restaurant.
- Management and employee education about proper food handling, including cross contamination prevention, was conducted shortly after the restaurant closed. It should be periodically repeated.
- The muddy water noted by the Manager did not contribute to this outbreak.

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 8, 2002

FROM :LLOYD HISE ATT

Salmonella Investigation is Complete -Update 5/8/02

The Salmonella investigation in Spruce Pine is over and the Western Sizzlin Steakhouse has reopened to the public.

During the time period of the outbreak April 18 to April 30, over 7,000 people ate at the restaurant. The Health Departments in the Toe River Health District handled over 900 telephone calls and conducted 621 surveys of people who ate at the restaurant. There were 369 reported illnesses that may have been linked to the outbreak. Of those with symptoms, there were 39 lab-confirmed cases of Salmonella infection. Data was also collected from 252 people who did not have symptoms, but ate at the restaurant between the dates mentioned.

No single source of food was identified that caused the outbreak. This was a case in which the salmonella bacteria was spread among several foods as a result of food handling. Salmonella bacteria are usually found in foods of animal origin, such as beef, chicken, turkey, eggs, or milk. But all foods, including fresh produce, can also have the Salmonella bacteria if they come into contact with animal waste. Therefore, it is very important to wash hands and fresh produce completely before preparing foods. Chicken, turkey, eggs, and meat, including hamburgers, should be well cooked (not pink in the middle) to completely kill the Salmonella bacteria.

Spreading the bacteria among different foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

The 800 hotline and local telephone numbers that were set up for the investigation have been turned off. For further information about Salmonella, or symptoms and concerns associated with it, please call your local health department

Toe River Health District Salmonella heidelberg Outbreak April 18 - April 30th 2002

Preliminary Report

To: Tom Singleton, Health Director From Pam Jenkins, Nurse Epidemiologist, DHHS

Introduction: Mr. Tom Singleton was alerted by hospital healthcare providers on Thursday (4/25/02) that they were seeing an unusually large number of ill people with Gastrointestinal (GI) symptoms. They suspected a foodborne disease. On Friday (4/26) the Mitchell County Health Department's (HD) Nursing Supervisor received notice of a positive Salmonella species stool culture on one patient and learned of five hospitalized patients with presumptive diagnosis. Upon further investigation she discovered that the common link appeared to be eating at the Western Sizzlin in Spruce Pines, NC. By the end of Friday, she knew of a couple of confirmed cases and approximately 7 that were pending confirmation. During this time period, the District's Health Director was conferring with the Acting Head of the State's Communicable Disease Control Branch, Dr. Newt MacCormack. The number of case grew over the weekend and by Monday afternoon it was apparent that the outbreak was continuing and was linked to the Western Sizzlin. The manager of the restaurant, Mr. Darren King, voluntarily closed the restaurant until an epidemiological study could be conducted. On Tucsday, Dr. Pam Jenkins, Foodborne Disease Nurse Epidemiologist was sent from the State Health Department to assist the Toe River Health District (Mitchell, Yancey, Avery Counties) in the investigation.

Methodology

Epidemiological Study

A Case-control study was instituted on Tuesday, April 30, 2002. A case was defined as any individual having nausea, vomiting and/or 3 or more diarrheal (loose) stools per day and who ate at the Western Sizzlin in Spruce Pine between the dates of April 18-30, 2002. All three HDs of the Toe River Health District conducted interviews on cases and controls using a standardized survey. Controls were those people who ate at the restaurant between April 18-30, 2002 and were not symptomatic. A 1-800 number hotline was set up on Wednesday and manned during regular working hours and on Saturday, May 4, 2002. On Tuesday (4/30/02) a media point person was identified and daily press releases were done to keep the public informed about the progress of the investigation.

Environmental Investigation:

On Friday (4/26/02), the Health Director and one of the Environmental Health (EH) personnel from the Mitchell County HD inspected the restaurant. Deficiencies were noted. On Monday, the EH team collected food samples from an individual patron who had taken food home. The food collected for sampling included: hamburger steak with gravy; fried chicken; hamburger steak without gravy; and ham (which was under the hamburger steak without gravy). These specimens were sent to the State Laboratory for Public Health (SLPH) for analysis. The Health Director, EH Supervisor and Regional EH Supervisor visited the restaurant and asked the manager to voluntarily close the restaurant pending

the results of the epidemiological study. The manager, Darren King, closed his restaurant around 3-4pm Monday 4/27/02.

On Tuesday EH obtained the following samples from the restaurant: 1) water from the tap in the kitchen; 2) water from the waitress serve station; 3) leftover prepared mashed potatoes and gravy from the restaurant and 4) unopened packages of dried mashed potatoes and gravy. These were also send to the SLPH. On Wednesday (May 1,2002), samples of ice from the bottom of the large ice chest in the kitchen area were obtained. The restaurant was toured by EH from Mitchell County HD and Pam Jenkins from the State HD.

Laboratory

Stool specimens were collected on as many of the cases as possible. All three health departments collected the specimens. In addition, specimens were collected by the Spruce Pines Community Hospital, local hospitals and private doctor's offices. Collected specimens were sent to the SLPH for serotyping.

Results

Epidemiological Study

The following are the results of the epidemiology study:

Population at risk (includes those who ate at Western Sizzlin from 4/18 - 4/29)

Buffet Only 3004 Salad w/entree 658 Salad only 501 Entree 4163 Total 7151

Number of Calls received at HDs (rough approximate): 931 - many represented groups of individuals. Many calls were not logged in but handled at the time of the call. The actual number of calls received by all 3 HDs may be larger than represented here.

Number of surveys conducted: 369 cases and 252 controls.

Number of surveys analyzed: 72 cases and 54 controls. (While it is ideal to have a case/control ratio of 1 to 2, the strength of the data allows for preliminary results to be given based on what has been entered. Further data entry will occur at the state level and all information will be forwarded to the Toe River Health District.)

The following are the results of the analysis of the surveys:

Males

58 (28 controls, 30 cases)

Females

68 (26 controls, 42 cases)

Symptoms:

81% had cramps

23% had sinus problems

62% had non-bloody diarrhea

51% had fever 65% had nausea 13% had a cough 84.5% had watery diarrhea

Hospitalized: 13%

Food items that are implicated in the outbreak are:

Item	OR	CI	% cases who remembered eating
Beef Gravy	7.69	1.55 - 51.86	23.5% (16/68)
Roast Beef	13.22	1.69 - 283.8	21% (14/68)
Salad Bar Eggs	9.57	2.00 - undefined	19.3% (11/57)*
Fresh Strawberries	5.79	1.14 - 39.74	19.1% (13/68)
Salad Bar Ham	7.34	1.49 - undefined	15.5% (9/58)*
Aujus Gravy	8.62	1.05 - 189.38.	15% (10/68)
Roast Beef Gravy	8.97	1.88 - undefined	14.7% (10/68)*
* None of well ate			1 / 6 (16/65)
One item was found to	be protective		
Yogurt Toppings	0.14	0.02 < OR < 0.78	17% (9/52) of controls

Two asymptomatic employees of the restaurant were found to be infected with Salmonella. Lengthy interviews with the two employees were conducted. Both individuals ate at the restaurant. It can not be determine whether they got their infection from eating at the restaurant or infected the food at the restaurant. The serotypes of cultures form the two asymptomatic restaurant workers has been identified as Salmonella heidelberg.

Environmental Results:

The following is the results of the food samples sent to the SLPH:

Result
Positive for S. heidelberg
Negative
Positive for S. heidelberg
Positive for S. heidelberg
8
Result
Positive for S. heidelberg
Negative
Negative
Negative
Negative

All water samples showed no coliforms. Testing for S. heidelberg could not be done.

Restaurant employees attended a food safety class.

& C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services SAMPLE COLLECTION REPORT LABORATORY SECTION - P.O. BOX 28047 Complaint Number RALEIGH, NORTH CAROLINA 27611 Place Collected Address Phone Person-In-Charge Date/Hour Collected Reason for Collecting Sample: DFood from alleged outbreak. D'Food ingredient. Similar food prepared in similar manner to that involved in outbreak, D Environmental, CATCHWGHT Method of Collecting and Shipping Sample: Method of Sterilizing: Container? 6-13# 011361 375483 Location Food Stored When Sampled US FOODSERVICE oduct Identification: Name Manufacturer's Name mptoms of Victims: □ Nausea, ☐ Vomiting, Time of Eating Suspect Food/Meal: Date Hour stigator Requested Presence/ Count/Concentration Definitive Type Absence J Staphylococci JSızphyloenterotoxin ringens B. cereus Salmonella Shigella E. coli V. parahaemolyticus C. botulinum Botulinus toxin of Food Temperature: When received s and interpretations y Analyst Agency Date/Hour: Agent Identified Completes st of number, sample, and tests desired for other samples collected at the same establishment during the same investigation. ly if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.

MA-161 1/4 CATO	CHWGHT FO				40
IBP SIRLOIN, TOP BU	UTT CH OLLE	ECTION REPORT	Compla	tint Number	Sample Number
is the state of th			1		1110
6-12/UP	D -				1#12 X
011361 370009 400337-046	2B	(%):		Phone	
400337-046 04/29 L174B01		2000 TPG			
	JS FOODSERVICE				
¥	1			Date/Hou	r Collected
		105 A4FF	<u> </u>	5/8/02	11.20an
Reason for Collecting Sample:		51.245E	1.00	10/0/02	11. 2000
Freed from alleged outbreak. DF	Food ingredient. 📴 🧮	100	in the	that involved in	Cuiback
都分类似。" _{"。} "一" y	☐ Environmental N	024			OLIDIEAK,
		0531	7ወዓ -		
Method of Collecting and Shipping Sample: Method of Sterilizing: Conteiner	Cut on !	ALECTOR A		7.76 (1870)	
Miethod of Stermizing: Contener	228	245E020/8	0725		
Location Food Committee Co. 1		Pack Date **	***********		
Location Food Stored When Sampled	88		*******	Set ving	and Sampling
Wall Compos	90077B	03/1,9/02	****		*
Shipped: Denrigerated, DFrozen,		NET UT I DO		=-	
	D Ambient 0	NET WT.LBS	54		πpłe
roduct Identification: Name				-1-	pet
	921		O T	-11	PET
Manufacturer's Name	Áđả N		- Size	.	
	4953				
mptoms of Victims:	-	35.29	ka —		~
□Nausea, □Vomiting, □Abo	dominal Cramp &		ler (spe	cify)	
Time of Eating Suspect Food/Meal:					
Date Hour	Time of Onset		Incubation Peri	od Duration	n of lilness
Date Hour	Date	: Hour		od Duration	
Date Hour			Incubation Period	od Duration	Date
Date Hour estigator	Date	Hour	Agency		
Date Hour estigator	Date		Agency	od Duration	Date
Date Hour estigator t Requested	Date Title Presence/	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphylococci	Date Title Presence/	Hour	Agency		Date
Date Hour estigator t Requested Staphylococci Staphylococci Staphylococci fringens	Date Title Presence/	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphyloenterotoxin (fringens) B. cereus	Date Title Presence/	Hour	Agency		Date
Date Hour estigator t Requested Staphylococci Staphyloenterotoxin (fringens 1B. cereus Salmonella	Date Title Presence/	Hour	Agency		Date
Date Hour estigator t Requested Staphylococci Staphylococci fringens B. cereus Salmonella Shigella	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Sta	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphyloenterotoxin (fringens 18. cereus Salmonella Skigella E. coli V. parahaemolyticus	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphylococci Staphyloenterotoxin (fringens B. cereus Salmonella Skigella E. coli V. parahaemolyticus C. botulinum	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphylococci Staphyloenterotoxin (fringens B. cereus Salmonella Skigella E. coli V. parahaemolyticus C. botulinum	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested Staphylococci Staphylococci Staphyloenterotoxin (fringens B. cereus Salmonella Skigella E. coli V. parahaemolyticus C. botulinum	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested DStaphylococci DStaphylocnterotoxin C fringens IB. cereus DSalmonella DShigella DE. coli V. parahaemolyticus C. botulinum	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested DStaphylococci DStaphylocnterotoxin C fringens IB. cereus DSalmonella DShigella DE. coli V. parahaemolyticus C. botulinum	Date Title Presence/ Absence	Hour	Agency		Date
Date Hour estigator Requested DStaphylococci DStaphylococc	Date Title Presence/ Absence	Hour	Agency	finitive Type	Date
Date Hour estigator Requested DStaphylococci DStaphylococc	Date Title Presence/ Absence	Hour	Agency	finitive Type	Date
Date Hour estigator Requested DStaphylococci DStaphyloenterotoxin C fringens BB. cereus DSalmonella DShigella BE. coli W. parahaemolyticus C. botulinum Botulinus toxin	Date Title Presence/ Absence	Hour	Agency	finitive Type	Date
Date Hour estigator Requested DStaphylococci DStaphyloenterotoxin C fringens BB. cereus DSalmonella DShigella BE. coli W. parahaemolyticus C. botulinum Botulinus toxin	Date Title Presence/ Absence	Hour	Agency Des	finitive Type EIVED M	Date
Date Hour estigator Requested DStaphylococci DStaphylocotci DStaphylocotci DStaphylocotci DStaphylocotci DStaphylocotci Staphylocotci DStaphylocotci DStaphylocotci	Date Title Presence/ Absence	Hour	Agency Des	finitive Type	Date
Date Hour estigator Requested Staphylococci Sta	Date Title Presence/ Absence	Hour	Agency Des	finitive Type EIVED M	Date
Date Hour estigator It Requested Staphylococci	Date Title Presence/ Absence abrent	Count/Concentration	Agency Des	finitive Type EIVED M	Date
Date Hour estigator t Requested Staphylococci Staphylocnierotoxin (fringens 18. cereus	Date Title Presence/ Absence abrent	Count/Concentration	Agency Definition Temper Where	Finitive Type Figure: Treceived	Date
Date Hour estigator Requested Staphylococci Staphyloenterotoxin (Inc. fringens Salmonella Shigella Shigella Coli V. parahaemolyticus C. borulinum Botulinus toxin	Date Title Presence/ Absence abrent	Count/Concentration	Agency Des	Finitive Type Figure: Treceived	AY 1 4 2002

C.C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services		OOD			39 F
LABORATORY SECTION - P.O. BOX 28047 RALEIGH, NORTH CAROLINA 27611	SAMPLE COL	LECTION RE	PORT	Complaint Number	Sample Number ¹
Place Collected	Address	20		Phone 4	1 + 11
Western las Di				0	let Mingon d'in Bacon
Person-In-Charge	Sample			Day Hour	a in Bacon
	Paux) =·1×		Dall 1001	
Reason for Collecting Sample:	170000	1 des 1	nengen of	Bacon 5/8/0 2	11:15 am
Twood from alleged outbreak.	☐ Food ingredient. ☐ Environmental,	☐Similar food prep ☐Other (specify	ared in similar m	anner to that involved in o	utbreak,
Method of Collecting and Shipping Sampl	e: 1				
Method of Sterilizing: Container	1. ton 4/2	5/02	Collection Uter	15Î/²	
Location Food Stored When San		-	- C		
		e: •		Fime Between Serving as	nd Sampling
Shipped: DRefrigerated, DF				Unserved	3
Shipped. Drengerated, Dr	II See			Cost of San	iple *
roduct Identification: Name	71	$\wedge \equiv$	2878	Lot Number	
Felit Mingon Manufacturer's Name	12.	И	99	796	
IBP un/US Fo			3888	ner Size or Weight	
imptoms of Victims:	LB E 32.7 K	32	2 ' F		
□Nausea, □Vomiting,	32.7 K	G E	326 826	ther (specify)	
Time of Eating Suspect Food/I	PACK DAT		828	tion Period ation (of Illness
Date Hour estigator	MADO	5	= 1	don't enough	of liness
estigator	MAR 2		96.		Date
t Requested	200	32 ■	3201		
☐ Staphylococci	23	:14	28	Ž	
J Staphyloenterotoxin	ā		-		* .
1B. cereus	₹ 	=	900763383190	f	
3 Salmonella al sent-	SER	8767	976		
ShigeIla	EST. 9	69G 🗏			
IE. coli IV. parahaemolyticus			94		<u> </u>
C. botulinum				H	
Botulinus toxin			- C		
181			_		
			-		A
		1		RECEIVED MAY	1 4 2002
		 	-		AR
on of Food].		1		
			ĺ	Temperature: When received	
its and interpretations				- 125	
ry Analyst Agency		Date/Hour:	19	30	
RN	1	Received S	it I c	Completed Agent Ide	ntified
list of number, sample, and tests desired for		MANA	2002	L.	Ė
nly if unusual (such as field) method of ster	" other samples collected ilizing or sanitizing collec	at the same extablish tion container or use	hident during the mail or collecting s	same investigation. sample is used.	2

L.C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services SAMPLE COLLECTION REPORT LABORATORY SECTION - P.O. BOX 28047 Complaint Number RALEIGH, NORTH CAROLINA 27611 # *i*O Place Collected Address Person-In-Charge CONTAMINATED Reason for Collecting Sample: Food from alleged outbreak. ntal, Molar Too prepared in similar marger to they involve ☐ Food ingredier □ Environm Method of Collecting and Shipping Sample: Method of Sterilizing: Container Location Food Stored When Sampled Serving and Sampling Food Storage Unit Shipped: DRefrigerated, DFrozen, □ Ambient dentification: Name Brand Let Number Manufacturer's Name Address Container Size or Weight nptoms of Victims: □ Nausea, ☐ Vomiting, DAbdominal Cramps, □ Fever, Diamhea ☐ Other (specify) Time of Eating Suspect Food/Meal: Time of Onset: Date Ноиг Incubation Period Duration of Hiness Date Hour stigator Title Agency Date Requested Presence/ Count/Concentration Definitive Type Absence Staphylococci Staphyloenterotoxin C. perfringens Salmonella Thigella coli parahaemolyticus botulinum otulinus toxin of Food Temperature: and interpretations When received Analyst Agency Date/Hour: Agent Identified Received of number, sample, and tests desired for other samples collected at the same establishment during the same investigation. if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.

C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services	_e FO				511
Br pr 021 2/3 9103	M / III / /	ECTION REPO	DRT	Complaint N	umber Sample Numb
PAPET EGG. HRD CK S	ALAD				1#9
20#		38			Phone Hard Cool
20# <u>**011361</u> *080120	3A _				Enn
108901-011					Date/Hour Collected
04/22 L181B02 WESTERN SIZZL			00	100	Date/hour Collected
	一 	JHA DIESA ADRA DE		123	5/8/02 11:10am
son for Collecting Sample:	/ DAI	AD ST	TYLE	-	1000 11:10am
DFood from alleged outh	LIAB	n and			involved in outbreak.
	NAN	D CO	JRE	U -	
hod of Collecting and Ship	DEE	LEDE	ARE	a -	
Method of Sterilizing:			UUZ	(I) p	
INGREDIEN	VTS: Eggs. Wat	er, Citric Acid, Sc	odium Bon-	O ,	
		on ouno nela, ac	odium penz	Oate -	en Serving and Sampling
DIST. BY	Danatti	HYGRADE EG	G PRODUCTS I	VIE -	
Shipped: DRefrigerated	partill	S Elizabeth, Ne	w Jersey 0720	1	
Shipped: Exemgerated.		® vr	ED DECOVOER		Cost of Sample
t Identification: Name	he 7=19-200		EP REFRIGER	399F	Let Number
	T. 20 [LS.	DO NOT FE		- Pat Manual
Manufacturer's Name					eight
ms of Victims:	88 2 86			463	*
i Nairsea II Vomi					
□Nausea, □Vomi —————				ify)	
					Duration of History
	9103	8 2012	3 8	ਮਹੱ ਤਰ	Duration of Iliness
	9103	8 2012	3 8 Agency		Duration of Hiness Date
Time of Eating Suspect 1- Date Hour 100	Title		Agency		
Time of Eating Suspect 1 Date Hour	Title Presence/	8 2012	Agency		Date
Time of Eating Suspect 1 Date Hour 100	Title		Agency	м	Date
Time of Eating Suspect 1 Date Hour tor Jested phylococci	Title Presence/		Agency	м	Date
ime of Eating Suspect 1 Date Hour tor uested phylococci phylococci phylocoterotoxin fringens	Title Presence/		Agency	м	Date
ime of Eating Suspect 1 Date Hour tor sested phylococci phylococci phylocotoxin fringens ereus	Title Presence/		Agency	м	Date
ime of Eating Suspect 1 Date Hour tor sested phylococci phyloenterotoxin fringens ereus nonella	Title Presence/		Agency	м	Date
Time of Eating Suspect In Date Hour 100 cor sested phylococci phylococci phyloenterotoxin fringens ereus monella	Title Presence/		Agency	м	Date
inne of Eating Suspect I Date Hour tor sested phylococci phyloenterotoxin fringens ereus ronella ella	Title Presence/		Agency	м	Date
Time of Eating Suspect 1 Date Hour Tor Dested Deste	Title Presence/		Agency	м	Date
Time of Eating Suspect 1 Date Hour tor uested phylococci phyloenterotoxin fringens ereus nonella oli arahaemolyticus ptulinum	Title Presence/		Agency	м	Date
Time of Eating Suspect 1 Date Hour tor uested phylococci phyloenterotoxin fringens ereus monella sella oli arahaemolyticus otulinum	Title Presence/		Agency	м	Date
Time of Eating Suspect 1 Date Hour tor uested phylococci phyloenterotoxin fringens ereus nonella oli arahaemolyticus ptulinum	Title Presence/		Agency	м	Date
Time of Eating Suspect 1- Date Hour tor uested phylococci phyloenterotoxin fringens ereus nonella cella oli arahaemolyticus ofulinum	Title Presence/		Agency	Definition	Date //c Type
Time of Eating Suspect 1- Date Hour tor uested phylococci phyloenterotoxin fringens ereus nonella cella oli arahaemolyticus ofulinum	Title Presence/		Agency	Definition	Date //c Type
Time of Eating Suspect 1- Date Hour tor uested phylococci phyloenterotoxin fringens ereus nonella cella oli arahaemolyticus ofulinum	Title Presence/		Agency	Definition	Date
Time of Eating Suspect I- Date Hour stor wested sphylococci phyloenterotoxin fringens wereus monella sella soli sarahaemolyticus otulinum sliinus toxin	Title Presence/		Agency	Definition	Date //c Type
Time of Eating Suspect I- Date Hour stor wested sphylococci phyloenterotoxin fringens wereus monella sella soli sarahaemolyticus otulinum sliinus toxin	Title Presence/		Agency	Definition	Date Type I VED MAY 1 4 20 OSh
Time of Eating Suspect In Date Hour Hour Hour Hour Hour Hour Hour Hour	Title Presence/		Agency	Definition	Date Type I VED MAY 1 4 20 OSh
Time of Eating Suspect I- Date Hour ator apphylococci aphylococci	Title Presence/		Agency	Definition RECE Temperatur When rec	Date Ve Type I VED MAY 1 4 200 OCh e: eived
Time of Eating Suspect I- Date Hour ator suested sphylococci phyloenterotoxin fringens cereus monella seclla soli sarahaemolyticus sotulinum olinus toxin	Presence/ Absence		Agency	Definition	Date Ve Type I VED MAY 1 4 200 OCh e: eived

(. C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services SAMPLE COLLECTION REPORT LABORATORY SECTION - P.O. BOX 28047 Complaint Number RALEIGH, NORTH CAROLINA 27611 Place Collected . Address Phone Sample Date/Hour Collected 11:04am Reason for Collecting Sample: Twood from alleged outbreak. ☐ Food ingredient. ☐Similar food prepared in similar manner to that involved in outbreak. C Environmental. Other (specify) Method of Collecting and Shipping Sample: trining off of employ are ground for Method of Sterilizing: Container Location Food Stored When Sampled Temperature: Time Between Serving and Sampling Storage Unit Identification Marks roduct Identification: Name Brand Lot Number Container Size or Weight mptoms of Victims: □Nausea, □ Vomiting, □ Abdominal Cramps, ☐ Fever. □ Diarrhea ☐Other (specify) Time of Eating Suspect Food/Meal: Time of Onset: Incubation Period Date Duration of Hiness Date Hour stigator Title Agency Date Requested Count/Concentration Presence/ Definitive Type Absence 3 Staphylococci]Staphyloenterotoxin fringens reus Salmonella Shigella E. coli V. parahaemolyticus C. botulinum Botulinus toxin п of Food Temperature: is and interpretations

list of number sample, and tests desired for other samples collected at the same establishment during the same investigation.

It is is a sample, and tests desired for other samples collected at the same establishment during the same investigation. It is unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.

Date/Hour.

Agent Identified

Agency

y Analyst

U.C. DEPARTMENT OF HUMAN RESOURCES Division of Health Services SAMPLE COLLECTION REPORT LABORATORY SECTION - P.O. BOX 28047 Complaint Number RALEIGH, KORTH CAROLIKA 27611 Place Collected Address Person-In-Charge Sample Date/Hour Collected Sol Rout Beef Reason for Collecting Sample: DFood from alleged outbreak. ☐ Food ingredient. Similar food prepared in similar manner to that involved in outbreak DEnvironmental, DOther (specify) Method of Collecting and Shipping Sample: Method of Sterilizing: Container Collection Utensil² Location Food Stored When Sampled Temperature: Time Between Serving and Sampling Food Storage Unit Shipped: DRefrigerated, DFrozen, DAmbient Identification Marks Cost of Sample reduct Identification: Name Brand Lot Number Manufacturer's Name Address Container Size or Weight ymptoms of Victims: □ Nausea, □ Vomiting. DAbdominal Cramps, □ Fever, Diamhea □Other (specify) Time of Eating Suspect Food/Meal: Time of Onset: Incubation Period Date Hour Duration of Hiness Date Hour estigator Title Agency Date t Requested Presence/ Count/Concentration Definitive Type Absence □ Staphylococci Staphyloenterotoxin $\Box c$ fringens iB. cereus Salmonella Shigella E. coli IV. parahaemolyticus IC. botulinum Botulinus toxin on of Food Temperature: When received ats and interpretations ory Analyst Agency Date/Hour: Agent Identified

list of number, sample, and tests desired for other samples collected at the same establishment during the same investigation, only if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.

C. DE MA-060 2/3 CATCHWGHI		24/
ABOR IBP ROUND, INSD TOP CH	LECTION REPORT	Complaint Number Sample Number
951 3-18/UP		Sample Rumber
		1 460
ace (011361 370027 2B	-	Phone 2
400337-047 04729 174801		Inside Ra
04/29 L174B01 	RVICE	
erson-In-Charge Sample		D (iii
		Date/Hour Collected
Ra	Del	5/8/02 10:5
See College S	ac Ben	5/8/02 10:5
ason for Collecting Sample: Food from alleged outbreak, DFood ingredi	0	
DEnviron		nner to that involved in outbreak.
	16A27 🚃	
Called a Called		
hod of Collecting and Shipping Sample: Method of Sterilizing: Container		
Method of Stermang. Container		sīl²
Method of Sterilizing: Container ²	LUI, CTUL	
Location rood Stored When Sampled	三 変り24 三	Time Between Serving and Sampling
Walk in Calor		*
Walk in Coaler	2 0176180	Unsered
Shipped: Refrigerated, DFrozen, DAmbien	01/01/03	Cost of Sample
ct Identification: Name	245£02095 1604	
A 1 A . 1 A		Let Number
Beef Susial Round Manufacturer's Name TBP Page 199	Pack Date	¥
Manufacturer's Name	04/05/02	iner Size or Weight
IBP Rue	V 1/ VU/ VL	and one of theight
oms of Victims:	NET WT.LRS	
□ Nausea. □ Vomiting, □ Abdominal Cr 💆	INLI MI, LUU	Other (specify)
Time of Eating Suspect Food/Meal:		
		tion Period Duration of Illness
Date Hour	 00.3	then reflect by the state of th
gator		Date
	36.70 kg	Date
quested & & & & & & & & & & & & & & & & & & &		I D. S. M T
		Definitive Type
aphylococci B / 107 B		
aphylococci aphyloconterotoxin D-6137-A	H BEEF IN	ICINE -
fringens	DEFI III	IJIVE —
ereus /	DAIII	
Imonella alsent -	ROUN	
gella	-12-01	***************************************
coli		1
parahoemolyticus	550 39	+
POTULÍNUM 8	D	
alinus toxin		:
	A B 4 A1	B IIIAIIIB
(6)	U.S.D.A. CHOICE O	R HIGHER
	OCOL	W IIIANFW
	293d	
		DECEMBED MAY 1 A SACT
		DECEIVED MAY 1 4 2002
		nch-
Food		T
Tr.	st	Temperature: When received
nd interpretations		
	· · · · · · · · · · · · · · · · · · ·	200.
	Date/Hour:	Agent Identified
analyst Agency	FUCIC: (OUIT"	Agent Identified
Agency	Raceived	A
Agency Agency		Completed

and the same areas

t. C. DEPARTMENT OF HUMAN RESOURCES
Division of Health Services
LABORATORY SECTION - P.O. BOX 28047
RALEIGH, NORTH CEROLUSE 27013

. FOOD SAMPLE COLLECTION REPORT

Complaint Number | Sample Number

RALEIGH, NORTH CAROLINA 27611			1		Jampie Rumo
Piace Collected	Address				#5 Ca
×	Aug. 633	Ψ		Phone	
Western Dieses				1	
Person-In-Charge	15.				
a de la companya de l	Sample			Date/)	Hour Collected
() lu ⁻				1	1
- During hang				15/9	s/02 10:40
Reason for Collecting Sample: Drowd from alleged outbreak.	<u>.</u>				
	Food ingredient. — — — — — — — — — — — — — — — — — — —	Similar food prepared i	in similar manne	r to that involve	d in cuth-ack
	→ Environmental, ———	Other (specify)			a m outbreak.
Method of Collegeins - + 51'					
Method of Collecting and Shipping Sample: Method of Sterilizing: Container ²					
e container		CoI	lection Utensil ²		
Location Food Samuel VIII					
Location Food Stored When Sampled		perature:	Tin	me Between Serv	ing and Sampling
CARLA	Fo	ood Storage Unit	1		and bamping
Shipped: Refrigerated, Prozen.			1 - 1	Just Pl	
Shipped. DReingerated, Drrozen,	□ Ambient	Identifica	ation Marks	Cost c	i Sample
oduct Identification: Name				1 2021 0	Jumpie
		Brand		Let Nu	Imher
Manufacturer's Name		1500	Contolor	-00 /7/	7001
	Address		Container 9	ize or Weight	27001
Praduce of Hondons	Pompan	o Roach JL		or it eight	
nptoms of Victims:	. /	- were			
□Nausea. □Vomiting. □Abd	iominal Cramps,	∃Fever, □Diarrhe	ea LlOther	(specify)	9
Time of Eating Suspect Food/Meal: Date Hour	Time of Onset		Incubation F	Porio d Do	
11001	Date	Hour		Eriod Dura	tion of Illness
tigator	Title		Agency		72
	1		1-2-1-1		Date
Requested	Presence/	Count/Concentration			
V	Absence	concent and		Definitive Type	
Staphylococci	1,				
Staphyloenterotoxin	i :				6 "
C. fringens		1.			
8. cereus					
Salmonella	abrent				
Shigella	1				
E. coli					
. parahaemolyticus		· · · · · · · · · · · · · · · · · · ·			
. botulinum				(*)	
otulinus toxin					
A					
	1				
		¥.			3
					- 0.0.00 a 4 a
				ECEIVED	MAY 1 4 2002
- 311	1				nul.
of Food					. 1/10
Na i			Tem	perature:	
and interpretations			(47)	hen received	
				2000	
Analyst Agency				2	
DO Agency		te/Hour:	_X	Apan	t Identified
100/		MAY 09/2007	Consol	eted 125011	r roemmed
t of puris		IAI U J ZUUZ	Kin		
t of number, sample, and tests desired for oth if unusual (such as field) method of sterilizin	er samples collected at t	the same establishment :	during the same	investigation	
if unusual (such as field) method of sterilizing	g or sanitízing collection	container or utensil or	collecting sample	n is used.	

FOOD SAMPLE COLLECTION REPORT

Complaint Number RALEIGH, NORTH CAROLINA 27611 Place Collected Address Phone Date/Hour Collected 10:40 am Reason for Collecting Sample: Lifood from alleged outbreak. ☐ Food ingredient. ☐Similar food prepared in similar manner to that involved in outbreak. DEnvironmental. □Other (specify) Method of Collecting and Shipping Sample: Method of Sterilizing: Container? Collection Utensil² Location Food Stored When Sampled Temperature: Time Between Serving and Sampling Food Storage Unit DFrozen, DAmbient Identification Marks roduct Identification: Name Lot Number 011292 Áddress Container Size or Weight Jall. 21045 ymptoms of Victims: □ Nausea. □ V. minere ... □ Abdominal Cramps. □ Fever. Diarrhea □Other (specify) 4/4 5810806124 PA-010 STRBRY, FRESH Incubation Period Duration of Illness Date restigator Agency Date 011361 011-292 it Requested oncentration Definitive Type WESTERN SIZZLIN-SPRUCE issosotytoses US FOODSERVICE hyloenterotoxin C. perfringens [| B. cereus Dalmonella □SkigeIla JE. coli 3 V. parahaemolyticus IC. botulinum JBotulinus toxin on of Food Temperature: When received nts and interpretations ory Analyst Agency Date/Hour: gent Identified Received Started

list of number, sample, and tests desired for other samples collected at the same establishment during the

t. C. DEFARTI. MC OUL	EUC	<u> </u>			21 E
Divis 1710-041 5/5 (ATCHWGHT	CTION REPORT	[5		3/ /-
LABORATOR & BOOK & STA HAM CARVIT	16 011110111	JION NEFUNI	Con	iplaint Numb	Sample Number
PALEIGH13# AVG	10	-			#2
Place Colle of		7		1 Pho	THO 1 Ho.
Place Colle 11.361 402129	2B	•		Fine	one Ceathed this
1.10.1-04/25-L162P01	4D	. 27/. 50.	۸٠.		6
WESTERN SIZZLIN-SPRUC	F 110 500000	y and opin	es rue	Dar	e/Hour Collected
Telson-in charge		1 1/1		1 220	V Toda Conscisu
	C001	KEN HA	M	1-5	/8/02 10:20a
Reason for Collecting Sample:					10/00 -10.000
Food from alleged outbreak, Food	ingredient. 🗆	Similar food prepared in s	similar manne	r to that invo	lved in outbreak.
CE	nvironmental.	Other (specify)			
Method of Collecting and Shipping Sample:					
Method of Sterilizing: Container		Collec	ction Utensil ²		
v :					
Location Food Stored When Sampled		perature:	Ti	me Between S	Serving and Sampling
×	146	Sidiage Offit	1 ,	a 0	100
Shipped: Defrigerated, DFrozen, DA		1 Hat ben	on Mories	Maeye	ed Sauples
Shipped. Sherilgerald, Shipped.	1/25	F7 80	es Carrin	Home	ost of Sample /
roduct Identification: Name	2 7/20	Brand	· · · ·		t Number
Hillshine Farm		Black C	Led Bran		32822
Manufacturer's Name	Address	\$	Container	Size or Weigi	hí
*	PO Box:	2511 Pinc OH.			
ymptoms of Victims:					
□Nausea, □Vomiting, □Abdom	inal Cramps,	□ Fever, □ Diarrhea	a ∐Othe:	r (specify)	
Time of Eating Suspect Food/Meal: Date Hour	Time of Onse	et: Hour	Incubation	Period	Duration of Illness
		77041			
vestigator	Title		Agency		Date
st Requested	7	Count/Concentration		I D. F. ivi . F	
y wedgestes	Presence/ Absence	County Concentration	y) 55	Definitive 7	ype
□ Staphylococci					
□ Staphyloenterotoxin	1:		·		
□(fringens					
[B. cureus		1.			
DSalmonella -	abren	1			
□ ShigeIla					
□E. coli	- 				
□ V. parahaemolyticus □ C. botulinum					
□Botulinus toxin	 	1			
C Bottamus (OXIII		 			
940	1				
	i			TO THE REAL PROPERTY OF THE PARTY OF THE PAR	
	1				F +v1 ty
			19	ECETY	ED MAY 1 4 2000
					ml
	_].				y v v
ition of Food			. 7	emperature:	
); 	* 1	When receiv	∕ed ————————————————————————————————————
nents and interpretations				mpleted	
ratory Analyst Agency		Date/Hour:		J/10	·
ngency Agency		Referred 0 912006	2 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Agent Identified
By .		MAI U J LUGG	- 1/2°	mpiered	
h a list of number cample, and tests desired for other	an complex allests	4 -4 41 1 10 X	ZV.		1

FOOD SAMPLE COLLECTION REPORT

Sample Number Complaint Number

C. C. DEPARTMENT OF HUMAN RESOURCES SAMPLE	COLLECTION	REPORT	105	#2 Chi
Division of Health Services SAIVIT LE			7-1	
			Phone	
PALEIGH, NORTH CAROLIRA 27611	!	N.	~	
Place Collected		11. Some P	we	r Collected
Place Comment	of Hung do	xle James	Date/riou	(Comments
1. 1 s. t. ou Suntie Sample	0	1. //	111 / -/0/	n1 10:
	2 -6	Bon RH	IN / 15/8/	01 ,
Person-In-Charge	2			
177		and in similar n	nanner to that involved	ID OUTDICESS!
Person for Collecting Sample:	ient. Similar fo	ood prepared in similar n r (specify)	A.	
Reason for Collecting Sample:	mental,	1 (30021)		
Breach.	×	04 1/00	4	7
	Net Wi.	21 KGS		
Method of Collecting and Shipping Sample: Method of Sterilizing: Container ²		C CHICKEN	W. 9	70
Method of Collecting and Snipping Sand Method of Sterilizing: Container	GGER'S FRYIN	G 0/1/0/12/	BRAND	
· · · · · · · · · · · · · · · · · · ·	DIECE CLIT L	16 HU	Keep Refris	gerated A
Location Food Stored When Sampled W	OUT FAT & TAI	L CVP		he.
, , , , , , , , , , , , , , , , , , ,		10		
Walk in Control OFrozen, a	SPECAN NET	16 IRS		onaked By
Shipped: Exefrigerated, Frozen, 4/15	JE U.S	TO LDO	Processed & Mar-Jac Pou	ILTS.IIIC.
	DEPARTMENT OF AGRICULTURE P-32	04/15/02	Gainesuille	. GH 30505
Todact Identification: Name	p-32	Andrew	Product o	f USA
11 Statis	0.000.000.000.000.000.000.000.000.000.		IIII	
Manufacturer's Name				0
Max Cac Rolling last			IIII /9	0
ymptoms of Victims:				•
LINBUSEA.		2984(3202)004600(21)72	33146	15.45
Time of Eating Suspert Food/Meal:	(01)2000000000	,,,,,,,,	Agency	Date
Time of Earning Hour	Title			
		t-ntion	Definitive	Type
Ivestigator	Presence/	Count/Concentration	9	
est Requested	Absence			
ist Redomin	i i		_	
□ S12phylococci				_
Sizphyloenterotoxin				
□C. perfringens	about			
[]B. cereus	alress			_
Salmonella		· ·		
□ Shigella	_			
DE. coli				
□ V. parahaemolyticus				
OC. botulinum OBotulinus toxin	,			
LiBotutting term				
-		ļ —		
			THE SHE SHE SHE MIN !	4 2002
		a E	CEIVED MAY	mil-
			Temper	ature:
			When	n received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		200
Sition of Food				3700
1 - represations			2002 KRADIE	Agent !
ments and interpretations		Date/Hour: Received	arted Ichribie	ted
ratory Analyst		1	2002	· · · · · · · · · · · · · · · · · · ·
ratory Alians	up Co. Health	MAY U.B.	nment during the same	investigation.
10 1/	a calle	oted at the same established	-it or collecting sample	

(.C. DEPARTMENT OF HUMAN RESOURCES FOOD Division of Health Services SAMPLE COLLECTION REPORT Complaint Number LABORATORY SECTION - P.O. BOX 28047 RALEIGH, WORTH CAROLINA 27611 Place Collected Address Phone Date/Hour Collected 10110am Reason for Collecting Sample: Erood from alleged outbreak. ☐ Food ingredient. od prepared in similar manner to that involved in outbreak. [Environmental Method of Collecting and Shipping Sample: Method of Sterilizing: Container Collection Utensil² Location Food Stored When Sampled Temperature: Time Between Serving and Sampling Food Storage Unit DRefrigerated, Identification Marks reduct Identification: Name Brand Lot Number Container Size or Weight emptoms of Victims: 10 ther (specify) 9000 000000 2984 ☐ Vomiting. □ Nausea, ☐ Abdominal Cramps, ☐ Fever, □Diaπhea Time of Eating Suspect Food/Meal: Time of Onset: Incubation Period Duration of Illness Date Hour Date Hour estigator Title Agency t Requested Presence/ Count/Concentration Definitive Type Absence □ Staphylococci D Staphyloenterotoxin fringens [18. CETCUS Salmonella Shigella JE. coli V. parahaemolyticus C. botulinum Botulinus toxin on of Food Temperature: When received nts and interpretations ory Analyst Agency Date/Hour: Agent Identified Received MYA list of number, sample, and tests desired for other samples collected at the same establishment during the same investigation.

only if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.

RECEIVED

FOR IMMEDIATE RELEASE

JUN 2 0 2002

JUN 6 V 2001

MARLER CLARK

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 8, 2002

Salmonella Investigation is Complete -Update 5/8/02

The Salmonella investigation in Spruce Pine is over and the Western Sizzlin Steakhouse has reopened to the public.

During the time period of the outbreak April 18 to April 30, over 7,000 people ate at the restaurant. The Health Departments in the Toe River Health District handled over 900 telephone calls and conducted 621 surveys of people who ate at the restaurant. There were 369 reported illnesses that may have been linked to the outbreak. Of those with symptoms, there were 39 lab-confirmed cases of Salmonella infection. Data was also collected from 252 people who did not have symptoms, but ate at the restaurant between the dates mentioned.

No single source of food was identified that caused the outbreak. This was a case in which the salmonella bacteria was spread among several foods as a result of food handling. Salmonella bacteria are usually found in foods of animal origin, such as beef, chicken, turkey, eggs, or milk. But all foods, including fresh produce, can also have the Salmonella bacteria if they come into contact with animal waste. Therefore, it is very important to wash hands and fresh produce completely before preparing foods. Chicken, turkey, eggs, and meat, including hamburgers, should be well cooked (not pink in the middle) to completely kill the Salmonella bacteria.

Spreading the bacteria among different foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

The 800 hotline and local telephone numbers that were set up for the investigation have been turned off. For further information about Salmonella, or symptoms and concerns associated with it, please call your local health department

Salmonella

What Is Salmonella?

Salmonella is a bacteria infection. The medical term is called Salmonellosis. It causes diarrhea, stomach cramps, fever, nausea, and vomiting that lasts 4 to 7 days. The elderly, infants, and those with poor immune systems are more likely to be very sick.

Where Does Salmonella Come From?

Salmonella live in the intestines of humans and animals. Humans usually get sick by eating foods that have come into contact with animal waste. It is often found in beef, chicken, turkey (poultry), eggs, and milk. Other foods may be infected if not washed or cleaned.

How Can You Get Salmonella?

You get salmonella by eating food that has not been cleaned properly and/or cooked to recommended temperatures.

How Do You Know If You Have It?

People infected with salmonella usually get symptoms 12 to 72 hours after eating. Salmonella causes diarrhea, stomach cramps, fever, nausea, and vomiting that lasts 4 to 7 days.

How Is It Treated?

A salmonella infection usually lasts 4 to 7 days and often does not require treatment unless the patient becomes dehydrated or the infection spreads. The elderly, infants, and those with poor immune systems are more likely to have a severe illness and my require hospital treatment

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 6, 2002

Salmonella Investigation is Complete -Update 5/6/02

The investigation of the Salmonella outbreak in Spruce Pine is complete. Health officials have worked hard to control the outbreak and to assemble and organize all data to pinpoint the source of the outbreak.

The Health Departments in the Toe River Health District carried out food surveys from people who ate at a specific local restaurant between the dates of April 18 and April 30. The purpose of the food surveys was to obtain a list of each item that was eaten and a list of symptoms from those who were ill. The data was analyzed and several food items were implicated as the source of the outbreak.

Over the course of the investigation, there were 369 people who reported illness that may have been linked to the outbreak. Of those who reported symptoms, 39 people had a lab-confirmed case of Salmonellosis. Data was also collected from 252 people who did not experience any symptoms, but ate at the local restaurant between the dates indicated.

The foods that were implicated in the outbreak, in no particular order, include beef gravy, roast beef, salad bar eggs, fresh strawberries, salad bar ham, and roast beef gravy. This does not suggest that anyone who ate those items should have Salmonella. It simply means that according to the data that was analyzed, those food items are the common link between people who were sick and were diagnosed with Salmonellosis.

Western Sizzlin Steakhouse on Highway 226 in Spruce Pine has been very cooperative during the investigation. The restaurant is scheduled to re-open to the public on Tuesday, May 7.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. This was an evident case of cross-contamination of foods. Cross-contamination of foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

Though symptoms may no longer appear, the Salmonella bacteria can continue to spread for up to two weeks. Therefore, daycare centers should be alert to children who had symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare. Cohorting involves separating sick children from healthy children into separate rooms.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 4, 2002

Spruce Pine Salmonella Outbreak -Update 5/4/02

As the investigation of the Salmonella outbreak in Spruce Pine is nearing completion, health officials are working hard to assemble and organize all data in an effort to pinpoint the source of the outbreak.

There have been _____# people who have reported illness that may be linked to the outbreak. Of those who have reported symptoms, _____# people have a confirmed case of Salmonellosis.

The Health Departments in the Toe River Health District have been taking food surveys from people who ate a specific local restaurant between the dates of April 18 and April 30 to obtain a list of each item that was eaten. A list is also being compiled of symptoms from those who were ill. Once all data is collected, it will be analyzed to determine the cause of the Salmonella outbreak.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. Therefore, health officials strongly urge everyone to continue following basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. Cross-contamination of foods should also be avoided. Uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Hands, cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. These precautions are very important to prevent the bacteria from spreading any further.

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 3, 2002

Cases of Salmonellosis in Spruce Pine -Update 5/3/02

The Health Departments in the Toe River Health District are involved in an intensive, time consuming investigation to determine the source of the Salmonella outbreak that has occurred in Spruce Pine. Health officials have collected data from 229 people who have reported illnesses and 322 healthy people who ate at the restaurant. There are 33 lab-confirmed cases of Salmonellosis.

The information that is being compiled includes the types of foods eaten at a specific restaurant in Spruce Pine. The investigation is still occurring, but the information will soon be analyzed by epidemiologists to determine the source of the outbreak.

The most common means of transmission of salmonella bacteria is contaminated foods. Health officials strongly advise everyone to continue following basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

Daycare centers should be alert to children who have symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare, as Salmonella can quickly spread in this environment. Each childcare facility has the option of cohorting, which involves separating sick children from healthy children into separate rooms.

Toe River Health District 861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

MEMORANDUM

TO:

Toe River Health District Employees Taking Food Surveys

FROM:

Tom Singleton, Health Director

DATE:

May 3, 2002

SUBJECT:

A Change in Food Surveys for the Outbreak

We have received numerous food surveys for the Salmonella outbreak. At this time, please begin calling only those who appear sick and those who are employees of Western Sizzlin. If we need to follow the non-sick and non-employees at a later time, we may do so. But please be advised to call only those who are sick or who have been employed by the steakhouse. Thank you for your cooperation.

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 2, 2002

Salmonellosis in Spruce Pine -Update 5/2/02

Every year, approximately 40,000 cases of Salmonellosis are reported in the United States. Because milder cases may not be diagnosed or reported, the actual number of infections may be greater.

There have been 21 confirmed cases of Salmonellosis in Spruce Pine. The investigation is proceeding, as a team of health specialists are working diligently to bring the investigation to a conclusion as quickly as possible.

The team, including Toe River Health District, North Carolina Department of Health and Human Services, and the North Carolina Office of Environmental Health have not yet determined a source of the Salmonella bacteria. However, they are working quickly to protect the public's health and to educate and prevent further problems.

While the investigation is underway, it is especially important to follow basic hygiene practices, such as keeping hands clean and immediately washing hands after using the bathroom, and before preparing and eating food. Any person who has been diagnosed with Salmonellosis should not prepare food or beverage for others until cleared by a health care provider. These precautions are very important so that the bacteria are not spread.

Salmonella may be found in feces, especially those with diarrhea, and people can become infected if they do not wash their hands after contact with these feces.

Because Salmonella are usually transmitted to humans by eating contaminated foods, cross-contamination of foods should be avoided. Uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Hands, cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods.

To report symptoms of Salmonellosis, please call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

733-1821

Toe River Health District

861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

URGENT

Please distribute this release to every child care provider in your facility

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 2, 2002

Salmonella Outbreak - Update 5/2/02

An ongoing investigation of Salmonellosis is being conducted in Spruce Pine, North Carolina. No source has yet been identified and the investigation will continue until completed. The Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has voluntarily closed and is cooperating fully on the outbreak.

Salmonellosis is an infection with a bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 to 72 hours after infection. The illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Please be alert to children who have symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare, as Salmonella can quickly spread in this environment.

Each childcare facility has the option of cohorting, which involves separating sick children from healthy children into separate rooms. If your facility would like to set up a room for sick children, please call your local health department and an Environmental Health Specialist will assist you with the procedures.

Please continue to follow basic hygiene principles such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. Further, in accordance with health guidelines, please remember to use sanitizing solution and test strips when changing a diaper. These precautions are very important so that the bacteria are not spread.

Salmonella may be found in feces, especially those with diarrhea, and people can become infected if they do not wash their hands after contact with these feces.

Salmonella are usually transmitted to humans by eating contaminated foods, which usually look and smell normal. Contaminated foods are usually of animal origin, such as beef, poultry, milk, or eggs. But all foods, including vegetables may become contaminated if not properly washed. Foods may also become contaminated by the unwashed hands of an infected food handler who forgot to wash his or her hands with soap after using the bathroom.

There is no vaccine to prevent Salmonellosis, but there are steps you can take to reduce your chances of becoming infected with the bacteria. Cook poultry, ground beef, and eggs thoroughly before eating. Stay away from eating or drinking foods that contain raw eggs, or unpasteurized milk. Raw eggs may be not be recognized in some foods such as hollandaise sauce, Caesar dressings, homemade ice cream, cookie dough, and frostings. Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry. Produce should be thoroughly washed before handling any food, and between handling different food items. Be very careful with foods prepared for infants, the elderly, and those with compromised immune systems. Wash hands with soap after handling reptiles or birds, or after contact with pet feces.

Many different kinds of illnesses can cause the same symptoms as Salmonellosis. Determining that Salmonella is the cause of the illness depends on laboratory tests. Once Salmonella has been identified, a health care provider will determine the proper course of treatment.

It is very important that anyone - whether feeling sick or not -who ate at Western Sizzlin Steakhouse between the dates of April 18th and April 30th, call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 1, 2002

Salmonella Outbreak -Update 5/1/02

An ongoing investigation of Salmonellosis is being conducted in Spruce Pine, North Carolina. No source has yet been identified and the investigation will continue until completed. The Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has voluntarily closed and is cooperating fully on the outbreak.

Salmonellosis is an infection with a bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 to 72 hours after infection. The illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Salmonella are usually transmitted to humans by eating contaminated foods, which usually look and smell normal. Contaminated foods are usually of animal origin, such as beef, poultry, milk, or eggs. But all foods, including vegetables may become contaminated if not properly washed.

There is no vaccine to prevent Salmonellosis, but there are steps you can take to reduce your chances of becoming infected with the bacteria. Cook poultry, ground beef, and eggs thoroughly before eating. Stay away from eating or drinking foods that contain raw eggs, or unpasteurized milk. Raw eggs may be not be recognized in some foods such as hollandaise sauce, Caesar dressings, homemade ice cream, cookie dough, and frostings. Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry. Produce should be thoroughly washed before handling any food, and between handling different food items. Be very careful with foods prepared for infants, the elderly, and those with compromised immune systems. Wash hands with soap after handling reptiles or birds, or after contact with pet feces.

Children with diarrhea, vomiting, or fever should not be in daycare, as Salmonella can quickly spread in this environment.

Many different kinds of illnesses can cause the same symptoms as Salmonellosis. Determining that Salmonella is the cause of the illness depends on laboratory tests. Once Salmonella has been identified, a health care provider will determine the proper course of treatment.

It is very important that anyone - whether feeling sick or not -who ate at Western Sizzlin Steakhouse between the dates of April 18th and April 30th, call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Toe River Health District

861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

URGENT

Please distribute this release to every physician, and other health care provider in your hospital or clinic.

FOR IMMEDIATE RELEASE

(tact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

April 30, 2002

Salmonella Outbreak

An investigation of salmonella is currently being conducted in Spruce Pine, North Caolina. Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has extended full cooperation and voluntarily closed for a full investigation of a Salmonella outbreak.

There have been 16 lab-confirmed cases of salmonella poisoning, and three additional cases pending. Others may have symptoms including fever, abdominal cramps, nausea, and diarrhea. Salmonella is a bacterial infection affecting the stomach and intestines and symptoms begin 6 to 72 hours after eating or drinking a contaminated food or beverage, and the illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Whether feeling sick or not, anyone who ate at this Western Sizzlin Steakhouse between the dates of April 18th and April 29th, should call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

April 30, 2002

Salmonella Outbreak

An investigation of salmonella is currently being conducted in Spruce Pine, North Caolina. Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has extended full cooperation and voluntarily closed for a full investigation of a Salmonella outbreak.

There have been 16 lab-confirmed cases of salmonella poisoning, and three additional cases pending. Others may have symptoms including fever, abdominal cramps, nausea, and diarrhea. Salmonella is a bacterial infection affecting the stomach and intestines and symptoms begin 6 to 72 hours after eating or drinking a contaminated food or beverage, and the illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Whether feeling sick or not, anyone who ate at this Western Sizzlin Steakhouse between the dates of April 18th and April 29th, should call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Press Statement

April 30, 2002

The Toe River Health District in conjunction with the North Carolina Department of Health and Human Services and the North Carolina Office of Environmental Health are conducting an investigation of foodborne infection of the bacteria, Salmonella. Every effort is being made to identify and halt the spread of the outbreak. It has been linked to a food service establishment in Spruce Pine, this establishment has now been closed until the investigation is complete.

It is our goal to assure the integrity of the food supply and to assist anyone who has symptoms or has questions about this outbreak.

For further information, please call your local health department or health care provider.

Press Release

FOR IMMEDIATE RELEASE
CONTACT:
Local Communicable Disease Nurse
Avery County Health Department 733-6031
Yancey County Health Department 682-6118
Mitchell County Health Department 688-2371

April 29, 2002

Ongoing Investigation of Salmonella

An investigation of salmonellosis is currently being conducted in the Toe River Health District. Salmonellosis is a bacterial infection of variable severity, commonly expressed as gastroenteritis, caused by gram-negative bacteria, Salmonella. The signs and symptoms of Salmonella infection in humans are the following fever, abdominal cramps, and diarrhea beginning 6 to 72 hours after consuming a contaminated food or beverage. Common transmission of Salmonella occurs by ingestion of the organisms in food, or contaminated by animal products or an infected human. The fecal-oral route from person to person is an important means of transmission, especially when diarrhea is present. The elderly, infants, and those with impaired immune systems may have more severe illness. The illness usually lasts 4 to 7 days, and most persons recover without antibiotic treatment. However, the diarrhea can be severe, and the person may be ill enough to require hospitalization.

Currently Toe River Health District reports 8 confirmed cases and 6 probable cases of Salmonella. At this time the Public Health Epidemiological Investigation (Epi Team) of Toe River Health District and the N.C. State Office of Environmental Health are investigating a food service establishment in Spruce Pine, North Carolina dates of exposure are April 20 to April 27 of 2002. This is an ongoing investigation and the Epi team is moving in a timely and accurate manor. Due to the time required for testing, growing, and reading the lab culture, the investigation can be prolonged 3 to 4 days. If you have questions, concerns, or symptoms please call your local health department communicable diseases nurse at the Avery County Health Department 733-6031, Mitchell County Health Department 688-2371 or the Yancey County Health Department 682-6118.

Toe River Health District 861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

MEMORANDUM

TO:

All Toe River Health District employees

FROM:

Tom Singleton, Health Director

DATE:

May 2, 2002

SUBJECT:

The extra mile

In this crucial time of the Salmonellosis outbreak in the Toe River area, we have all been very busy trying to bring this investigation to a conclusion. However, the investigation is still ongoing and we are asking for volunteers to help with telephone surveys on Saturday.

We are still collecting data from those who ate at the Western Sizzlin Steakhouse in Spruce Pine between the dates of April 18 and April 30. Any person who can volunteer to work with us this Saturday, May 4th, please notify your supervisor. We hope to have enough volunteers to cover all phones in each health department. Your hard work and dedication to help protect the health of the public is very much appreciated.

On a different note, there has been some question about what to do with leftover food from people who ate at the Western Sizzlin. If a person has leftovers that have been refrigerated, please take their name, phone number, and address. We will send an Environmental Health Specialist to obtain the food if it is in the local area.

Thank you for your cooperation.

Toe River Health District Salmonella heidelberg Outbreak April 18 - April 30th 2002

Preliminary Report

To: Tom Singleton, Health Director From Pam Jenkins, Nurse Epidemiologist, DHHS

Introduction: Mr. Tom Singleton was alerted by hospital healthcare providers on Thursday (4/25/02) that they were seeing an unusually large number of ill people with Gastrointestinal (GI) symptoms. They suspected a foodborne disease. On Friday (4/26) the Mitchell County Health Department's (HD) Nursing Supervisor received notice of a positive Salmonella species stool culture on one patient and learned of five hospitalized patients with presumptive diagnosis. Upon further investigation she discovered that the common link appeared to be eating at the Western Sizzlin in Spruce Pines, NC. By the end of Friday, she knew of a couple of confirmed cases and approximately 7 that were pending confirmation. During this time period, the District's Health Director was conferring with the Acting Head of the State's Communicable Disease Control Branch, Dr. Newt MacCormack. The number of case grew over the weekend and by Monday afternoon it was apparent that the outbreak was continuing and was linked to the Western Sizzlin. The manager of the restaurant, Mr. Darren King, voluntarily closed the restaurant until an epidemiological study could be conducted. On Tuesday, Dr. Pam Jenkins, Foodborne Disease Nurse Epidemiologist was sent from the State Health Department to assist the Toe River Health District (Mitchell, Yancey, Avery Counties) in the investigation.

Methodology

Epidemiological Study

A Case-control study was instituted on Tuesday, April 30, 2002. A case was defined as any individual having nausea, vomiting and/or 3 or more diarrheal (loose) stools per day and who ate at the Western Sizzlin in Spruce Pine between the dates of April 18-30, 2002. All three HDs of the Toe River Health District conducted interviews on cases and controls using a standardized survey. Controls were those people who ate at the restaurant between April 18-30, 2002 and were not symptomatic. A 1-800 number hotline was set up on Wednesday and manned during regular working hours and on Saturday, May 4, 2002. On Tuesday (4/30/02) a media point person was identified and daily press releases were done to keep the public informed about the progress of the investigation.

Environmental Investigation:

On Friday (4/26/02), the Health Director and one of the Environmental Health (EH) personnel from the Mitchell County HD inspected the restaurant. Deficiencies were noted. On Monday, the EH team collected food samples from an individual patron who had taken food home. The food collected for sampling included: hamburger steak with gravy; fried chicken; hamburger steak without gravy; and ham (which was under the hamburger steak without gravy). These specimens were sent to the State Laboratory for Public Health (SLPH) for analysis. The Health Director, EH Supervisor and Regional EH Supervisor visited the restaurant and asked the manager to voluntarily close the restaurant pending

the results of the epidemiological study. The manager, Darren King, closed his restaurant around 3-4pm Monday 4/27/02.

On Tuesday EH obtained the following samples from the restaurant: 1) water from the tap in the kitchen; 2) water from the waitress serve station; 3) leftover prepared mashed potatoes and gravy from the restaurant and 4) unopened packages of dried mashed potatoes and gravy. These were also send to the SLPH. On Wednesday (May 1,2002), samples of ice from the bottom of the large ice chest in the kitchen area were obtained. The restaurant was toured by EH from Mitchell County HD and Pam Jenkins from the State HD.

Laboratory

Stool specimens were collected on as many of the cases as possible. All three health departments collected the specimens. In addition, specimens were collected by the Spruce Pines Community Hospital, local hospitals and private doctor's offices. Collected specimens were sent to the SLPH for serotyping.

Results

Epidemiological Study

The following are the results of the epidemiology study:

Population at risk (includes those who ate at Western Sizzlin from 4/18 - 4/29)

Buffet Only	3004
Salad w/entree	658
Salad only	501
Entree	4163
Total	7151

Number of Calls received at HDs (rough approximate): 931 - many represented groups of individuals. Many calls were not logged in but handled at the time of the call. The actual number of calls received by all 3 HDs may be larger than represented here.

Number of surveys conducted: 369 cases and 252 controls.

Number of surveys analyzed: 72 cases and 54 controls. (While it is ideal to have a case/control ratio of 1 to 2, the strength of the data allows for preliminary results to be given based on what has been entered. Further data entry will occur at the state level and all information will be forwarded to the Toe River Health District.)

The following are the results of the analysis of the surveys:

Males 58 (28 controls, 30 cases) Females 68 (26 controls, 42 cases)

Symptoms: 81% had cramps

23% had sinus problems 62% had non-bloody diarrhea 51% had fever 65% had nausea 13% had a cough 84.5% had watery diarrhea

Hospitalized: 13%

Food items that are implicated in the outbreak are:

Item	OR	CI	% cases who remembered eating		
Beef Gravy	7.69	1.55 - 51.86	23.5% (16/68)		
Roast Beef	13.22	1.69 - 283.8	21% (14/68)		
Salad Bar Eggs	9.57	2.00 - undefined	19.3% (11/57)*		
Fresh Strawberries	5.79	1.14 - 39.74	19.1% (13/68)		
Salad Bar Ham	7.34	1.49 - undefined	15.5% (9/58)*		
Aujus Gravy	8.62	1.05 - 189.38.	15% (10/68)		
Roast Beef Gravy	8.97	1.88 - undefined	14.7% (10/68)*		
* None of well ate			,		
One item was found to be protective					
Yogurt Toppings	0.14	0.02 < OR < 0.78	17% (9/52) of controls		

Two asymptomatic employees of the restaurant were found to be infected with *Salmonella*. Lengthy interviews with the two employees were conducted. Both individuals ate at the restaurant. It can not be determine whether they got their infection from eating at the restaurant or infected the food at the restaurant. The serotypes of cultures form the two asymptomatic restaurant workers has been identified as *Salmonella heidelberg*.

Environmental Results:

The following is the results of the food samples sent to the SLPH:

Items from an individual's home	Result
Hamburger steak with gravy	Positive for S. heidelberg
Hamburger steak without gravy	Negative
Fried Chicken	Positive for S. heidelberg
Ham	Positive for S. heidelberg
	9
Items from Restaurant	Result
Applicator stick marked "gravy"	Positive for S. heidelberg
Leftover prepared gravy	Negative
Leftover prepared mashed potatoes	Negative
Unopened dry mash potatoes	Negative
Unopened dry gravy mix	Negative
All water samples showed no coliforms.	Testing for S. heidelberg could not be done.
Restaurant employees attended a food sa	

Laboratory Results

The Toe River Health District collected a total of 88 specimens. Of those, 39 have been confirmed *Salmonella*. More results from private doctor's offices, local hospitals and form SLPH are pending. The serotypes from the two asymptomatic restaurant workers has been identified as *Salmonella heidelberg*.

Plan of Action:

- 1. The investigation of the *S.heidelburg* outbreak at the Western Sizzlin is completed. The data collected is large enough to allow for extensive analysis. No further surveys should be collected.
- 2. Stool cultures of symptomatic individuals should be collected at the discretion of healthcare providers. As laboratory results are returned from the SLPH and from various private practice offices and local hospitals, they will be added to the database.
- 3. The Environmental Section and the District Health Director will determine when the restaurant reopens. Although the restaurant has been thoroughly sanitized, close surveillance may need to be continued for a period of time to ensure the outbreak does not start again.
- 4. Further data entry and analysis will continue at the State HD and all data will be given to the Health District. Critical to this component is the constant communication between the Epi Team Leader at the Toe River Health District and the Nurse Epidemiologist at the State HD.
- 5. Once the data set has been cleaned and more surveys analyzed, thought should be given to a joint (State and Health District) publication of the results to MMWR.

Salmonella

What Is Salmonella?

Salmonella is a bacteria infection. The medical term is called Salmonellosis. It causes diarrhea, stomach cramps, fever, nausea, and vomiting that lasts 4 to 7 days. The elderly, infants, and those with poor immune systems are more likely to be very sick.

Where Does Salmonella Come From?

Salmonella live in the intestines of humans and animals. Humans usually get sick by eating foods that have come into contact with animal waste. It is often found in beef, chicken, turkey (poultry), eggs, and milk. Other foods may be infected if not washed or cleaned.

How Can You Get Salmonella?

You get salmonella by eating food that has not been cleaned properly and/or cooked to recommended temperatures.

How Do You Know If You Have It?

People infected with salmonella usually get symptoms 12 to 72 hours after eating. Salmonella causes diarrhea, stomach cramps, fever, nausea, and vomiting that lasts 4 to 7 days.

How Is It Treated?

A salmonella infection usually lasts 4 to 7 days and often does not require treatment unless the patient becomes dehydrated or the infection spreads. The elderly, infants, and those with poor immune systems are more likely to have a severe illness and my require hospital treatment

Please distribute this letter to each physician and all other health care providers in your facility.

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 6, 2002

Salmonella Investigation is Complete -Update 5/6/02

The investigation of the Salmonella outbreak in Spruce Pine is complete. Health officials have worked hard to control the outbreak and to assemble and organize all data to pinpoint the source of the outbreak.

The Health Departments in the Toe River Health District carried out food surveys from people who ate at a specific local restaurant between the dates of April 18 and April 30. The purpose of the food surveys was to obtain a list of each item that was eaten and a list of symptoms from those who were ill. The data was analyzed and several food items were implicated as the source of the outbreak.

Over the course of the investigation, there were 369 people who reported illness that may have been linked to the outbreak. Of those who reported symptoms, 39 people had a lab-confirmed case of Salmonellosis. Data was also collected from 252 people who did not experience any symptoms, but ate at the local restaurant between the dates indicated.

The foods that were implicated in the outbreak, in no particular order, include beef gravy, roast beef, salad bar eggs, fresh strawberries, salad bar ham, and roast beef gravy. This does not suggest that anyone who ate those items should have Salmonella. It simply means that according to the data that was analyzed, those food items are the common link between people who were sick and were diagnosed with Salmonellosis.

Western Sizzlin Steakhouse on Highway 226 in Spruce Pine has been very cooperative during the investigation. The restaurant is scheduled to re-open to the public on Tuesday, May 7.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. This was an evident case of cross-contamination of foods. Cross-contamination of foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-cat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be

washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

Though symptoms may no longer appear, the Salmonella bacteria can continue to spread for up to two weeks. Therefore, daycare centers should be alert to children who had symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare. Cohorting involves separating sick children from healthy children into separate rooms.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 6, 2002

Salmonella Investigation is Complete -Update 5/6/02

The investigation of the Salmonella outbreak in Spruce Pine is complete. Health officials have worked hard to control the outbreak and to assemble and organize all data to pinpoint the source of the outbreak.

The Health Departments in the Toe River Health District carried out food surveys from people who ate at a specific local restaurant between the dates of April 18 and April 30. The purpose of the food surveys was to obtain a list of each item that was eaten and a list of symptoms from those who were ill. The data was analyzed and several food items were implicated as the source of the outbreak.

Over the course of the investigation, there were 369 people who reported illness that may have been linked to the outbreak. Of those who reported symptoms, 39 people had a lab-confirmed case of Salmonellosis. Data was also collected from 252 people who did not experience any symptoms, but ate at the local restaurant between the dates indicated.

The foods that were implicated in the outbreak, in no particular order, include beef gravy, roast beef, salad bar eggs, fresh strawberries, salad bar ham, and roast beef gravy. This does not suggest that anyone who ate those items should have Salmonella. It simply means that according to the data that was analyzed, those food items are the common link between people who were sick and were diagnosed with Salmonellosis.

Western Sizzlin Steakhouse on Highway 226 in Spruce Pine has been very cooperative during the investigation. The restaurant is scheduled to re-open to the public on Tuesday, May 7.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. This was an evident case of cross-contamination of foods. Cross-contamination of foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

May. 30 2002 05:01PM P7

FROM :LLOYD HISE ATT FAX NO. :828 765 7194

Though symptoms may no longer appear, the Salmonella bacteria can continue to spread for up to two weeks. Therefore, daycare centers should be alert to children who had symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare. Cohorting involves separating sick children from healthy children into separate rooms.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 4, 2002

Spruce Pine Salmonella Outbreak -Update 5/4/02

As the investigation of the Salmonella outbreak in Spruce Pine is nearing completion, health officials are working hard to assemble and organize all data in an effort to pinpoint the source of the outbreak.

There have been ____# people who have reported illness that may be linked to the outbreak. Of those who have reported symptoms, ____# people have a confirmed case of Salmonellosis.

The Health Departments in the Toe River Health District have been taking food surveys from people who ate a specific local restaurant between the dates of April 18 and April 30 to obtain a list of each item that was eaten. A list is also being compiled of symptoms from those who were ill. Once all data is collected, it will be analyzed to determine the cause of the Salmonella outbreak.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. Therefore, health officials strongly urge everyone to continue following basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. Cross-contamination of foods should also be avoided. Uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Hands, cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. These precautions are very important to prevent the bacteria from spreading any further.

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 3, 2002

Cases of Salmonellosis in Spruce Pine -Update 5/3/02

The Health Departments in the Toe River Health District are involved in an intensive, time consuming investigation to determine the source of the Salmonella outbreak that has occurred in Spruce Pine. Health officials have collected data from 229 people who have reported illnesses and 322 healthy people who ate at the restaurant. There are 33 lab-confirmed cases of Salmonellosis.

The information that is being compiled includes the types of foods eaten at a specific restaurant in Spruce Pine. The investigation is still occurring, but the information will soon be analyzed by epidemiologists to determine the source of the outbreak.

The most common means of transmission of salmonella bacteria is contaminated foods. Health officials strongly advise everyone to continue following basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading.

Daycare centers should be alert to children who have symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare, as Salmonella can quickly spread in this environment. Each childcare facility has the option of cohorting, which involves separating sick children from healthy children into separate rooms.

Toe River Health District 861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

MEMORANDUM

TO:

Toe River Health District Employees Taking Food Surveys

FROM:

Tom Singleton, Health Director

DATE:

May 3, 2002

SUBJECT:

A Change in Food Surveys for the Outbreak

We have received numerous food surveys for the Salmonella outbreak. At this time, please begin calling only those who appear sick and those who are employees of Western Sizzlin. If we need to follow the non-sick and non-employees at a later time, we may do so. But please be advised to call only those who are sick or who have been employed by the steakhouse. Thank you for your cooperation.

Toe River Health District 861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

MEMORANDUM

TO:

All Toe River Health District employees

FROM:

Tom Singleton, Health Director

DATE:

May 2, 2002

SUBJECT:

The extra mile

In this crucial time of the Salmonellosis outbreak in the Toe River area, we have all been very busy trying to bring this investigation to a conclusion. However, the investigation is still ongoing and we are asking for volunteers to help with telephone surveys on Saturday.

We are still collecting data from those who ate at the Western Sizzlin Steakhouse in Spruce Pine between the dates of April 18 and April 30. Any person who can volunteer to work with us this Saturday, May 4th, please notify your supervisor. We hope to have enough volunteers to cover all phones in each health department. Your hard work and dedication to help protect the health of the public is very much appreciated.

On a different note, there has been some question about what to do with leftover food from people who ate at the Western Sizzlin. If a person has leftovers that have been refrigerated, please take their name, phone number, and address. We will send an Environmental Health Specialist to obtain the food if it is in the local area.

Thank you for your cooperation.

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 2, 2002

Salmonellosis in Spruce Pine -Update 5/2/02

Every year, approximately 40,000 cases of Salmonellosis are reported in the United States. Because milder cases may not be diagnosed or reported, the actual number of infections may be greater.

There have been 21 confirmed cases of Salmonellosis in Spruce Pine. The investigation is proceeding, as a team of health specialists are working diligently to bring the investigation to a conclusion as quickly as possible.

The team, including Toe River Health District, North Carolina Department of Health and Human Services, and the North Carolina Office of Environmental Health have not yet determined a source of the Salmonella bacteria. However, they are working quickly to protect the public's health and to educate and prevent further problems.

While the investigation is underway, it is especially important to follow basic hygiene practices, such as keeping hands clean and immediately washing hands after using the bathroom, and before preparing and eating food. Any person who has been diagnosed with Salmonellosis should not prepare food or beverage for others until cleared by a health care provider. These precautions are very important so that the bacteria are not spread.

Salmonella may be found in feces, especially those with diarrhea, and people can become infected if they do not wash their hands after contact with these feces.

Because Salmonella are usually transmitted to humans by eating contaminated foods, cross-contamination of foods should be avoided. Uncooked meats should be kept separate from produce, cooked foods, and ready-to-cat foods. Hands, cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods.

To report symptoms of Salmonellosis, please call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Toe River Health District

861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

URGENT

Please distribute this release to every child care provider in your facility

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 2, 2002

Salmonella Outbreak - Update 5/2/02

An ongoing investigation of Salmonellosis is being conducted in Spruce Pine, North Carolina. No source has yet been identified and the investigation will continue until completed. The Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has voluntarily closed and is cooperating fully on the outbreak.

Salmonellosis is an infection with a bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 to 72 hours after infection. The illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Please be alert to children who have symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare, as Salmonella can quickly spread in this environment.

Each childcare facility has the option of cohorting, which involves separating sick children from healthy children into separate rooms. If your facility would like to set up a room for sick children, please call your local health department and an Environmental Health Specialist will assist you with the procedures.

Please continue to follow basic hygicue principles such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. Further, in accordance with health guidelines, please remember to use sanitizing solution and test strips when changing a diaper. These precautions are very important so that the bacteria are not spread.

Salmonella may be found in feces, especially those with diarrhea, and people can become infected if they do not wash their hands after contact with these feces.

Salmonella are usually transmitted to humans by eating contaminated foods, which usually look and smell normal. Contaminated foods are usually of animal origin, such as beef, poultry, milk, or eggs. But all foods, including vegetables may become contaminated if not properly washed. Foods may also become contaminated by the unwashed hands of an infected food handler who forgot to wash his or her hands with soap after using the bathroom.

There is no vaccine to prevent Salmonellosis, but there are steps you can take to reduce your chances of becoming infected with the bacteria. Cook poultry, ground beef, and eggs thoroughly before eating. Stay away from eating or drinking foods that contain raw eggs, or unpasteurized milk. Raw eggs may be not be recognized in some foods such as hollandaise sauce, Caesar dressings, homemade ice cream, cookie dough, and frostings. Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry. Produce should be thoroughly washed before handling any food, and between handling different food items. Be very careful with foods prepared for infants, the elderly, and those with compromised immune systems. Wash hands with soap after handling reptiles or birds, or after contact with pet feces.

Many different kinds of illnesses can cause the same symptoms as Salmonellosis. Determining that Salmonella is the cause of the illness depends on laboratory tests. Once Salmonella has been identified, a health care provider will determine the proper course of treatment.

It is very important that anyone - whether feeling sick or not -who ate at Western Sizzlin Steakhouse between the dates of April 18th and April 30th, call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Contact Information:

Tom Singleton, Health Director Toc River Health District 828-765-2239 Ext. 16

May 1, 2002

Salmonella Outbreak -Update 5/1/02

An ongoing investigation of Salmonellosis is being conducted in Spruce Pine, North Carolina. No source has yet been identified and the investigation will continue until completed. The Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has voluntarily closed and is cooperating fully on the outbreak.

Salmonellosis is an infection with a bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 to 72 hours after infection. The illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Salmonella are usually transmitted to humans by eating contaminated foods, which usually look and smell normal. Contaminated foods are usually of animal origin, such as beef, poultry, milk, or eggs. But all foods, including vegetables may become contaminated if not properly washed.

There is no vaccine to prevent Salmonellosis, but there are steps you can take to reduce your chances of becoming infected with the bacteria. Cook poultry, ground beef, and eggs thoroughly before eating. Stay away from eating or drinking foods that contain raw eggs, or unpasteurized milk. Raw eggs may be not be recognized in some foods such as hollandaise sauce, Caesar dressings, homemade ice cream, cookie dough, and frostings. Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry. Produce should be thoroughly washed before handling any food, and between handling different food items. Be very careful with foods prepared for infants, the elderly, and those with compromised immune systems. Wash hands with soap after handling reptiles or birds, or after contact with pet feces.

Children with diarrhea, vomiting, or fever should not be in daycare, as Salmonella can quickly spread in this environment.

FAX NO. :828 765 7194 May. 30 2002 05:05PM P16

Many different kinds of illnesses can cause the same symptoms as Salmonellosis. Determining that Salmonella is the cause of the illness depends on laboratory tests. Once Salmonella has been identified, a health care provider will determine the proper course of treatment.

It is very important that anyone - whether feeling sick or not -who ate at Western Sizzlin Steakhouse between the dates of April 18th and April 30th, call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

FROM : LLOYD HISE ATT

Toe River Health District

861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

URGENT

Please distribute this release to every physician, and other health care provider in your hospital or clinic.

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

April 30, 2002

Salmonella Outbreak

An investigation of salmonella is currently being conducted in Spruce Pine, North Caolina. Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has extended full cooperation and voluntarily closed for a full investigation of a Salmonella outbreak.

There have been 16 lab-confirmed cases of salmonella poisoning, and three additional cases pending. Others may have symptoms including fever, abdominal cramps, nausea, and diarrhea. Salmonella is a bacterial infection affecting the stomach and intestines and symptoms begin 6 to 72 hours after eating or drinking a contaminated food or beverage, and the illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Whether feeling sick or not, anyone who ate at this Western Sizzlin Steakhouse between the dates of April 18th and April 29th, should call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

April 30, 2002

Salmonella Outbreak

An investigation of salmonella is currently being conducted in Spruce Pine, North Caolina. Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has extended full cooperation and voluntarily closed for a full investigation of a Salmonella outbreak.

There have been 16 lab-confirmed cases of salmonella poisoning, and three additional cases pending. Others may have symptoms including fever, abdominal cramps, nausea, and diarrhea. Salmonella is a bacterial infection affecting the stomach and intestines and symptoms begin 6 to 72 hours after eating or drinking a contaminated food or beverage, and the illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Whether feeling sick or not, anyone who ate at this Western Sizzlin Steakhouse between the dates of April 18th and April 29th, should call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

May. 30 2002 05:06PM P19

Press Statement

April 30, 2002

The Toe River Health District in conjunction with the North Carolina Department of Health and Human Services and the North Carolina Office of Environmental Health are conducting an investigation of foodborne infection of the bacteria, Salmonella. Every effort is being made to identify and halt the spread of the outbreak. It has been linked to a food service establishment in Spruce Pine, this establishment has now been closed until the investigation is complete.

It is our goal to assure the integrity of the food supply and to assist anyone who has symptoms or has questions about this outbreak.

For further information, please call your local health department or health care provider.

Press Release

FOR IMMEDIATE RELEASE
CONTACT:
Local Communicable Disease Nurse
Avery County Health Department 733-6031
Yancey County Health Department 682-6118
Mitchell County Health Department 688-2371

April 29, 2002

Ongoing Investigation of Salmonella

An investigation of salmonellosis is currently being conducted in the Toe River Health District. Salmonellosis is a bacterial infection of variable severity, commonly expressed as gastrocnteritis, caused by gram-negative bacteria, Salmonella. The signs and symptoms of Salmonella infection in humans are the following fever, abdominal cramps, and diarrhea beginning 6 to 72 hours after consuming a contaminated food or beverage. Common transmission of Salmonella occurs by ingestion of the organisms in food, or contaminated by animal products or an infected human. The fecal-oral route from person to person is an important means of transmission, especially when diarrhea is present. The elderly, infants, and those with impaired immune systems may have more severe illness. The illness usually lasts 4 to 7 days, and most persons recover without antibiotic treatment. However, the diarrhea can be severe, and the person may be ill enough to require hospitalization.

Currently Toe River Health District reports 8 confirmed cases and 6 probable cases of Salmonella. At this time the Public Health Epidemiological Investigation (Epi Team) of Toe River Health District and the N.C. State Office of Environmental Health are investigating a food service establishment in Spruce Pine, North Carolina dates of exposure are April 20 to April 27 of 2002. This is an ongoing investigation and the Epi team is moving in a timely and accurate manor. Due to the time required for testing, growing, and reading the lab culture, the investigation can be prolonged 3 to 4 days. If you have questions, concerns, or symptoms please call your local health department communicable diseases nurse at the Avery County Health Department 733-6031, Mitchell County Health Department 688-2371 or the Yancey County Health Department 682-6118.

May.17. 2002 2:29AM

No.0797 P. 2

Questionnaire for Salmonellosis Outbreak-April, 2002

Interviewer Initials:	Interview Date:
Respondent's name:	
What day and time did you arrive at the steakhouse?	
Race/Ethnicity: White, non-Ilispanic American Indian/Alaska native	Black, non-HispanicAsian/Pacific IslanderHispanicUnknown
Respondent's sex (circle one): M / F	Respondent's date of birth: _/_/_
Work phone number: Home p	shone number:
Home street address (no P.O. box #s):	
City: Zip code:	
Did you have nausca, or vomiting and/or 3 or more di	arrheal (loose) stools /day from April 18 through May 3? Y/N

(If "NO" then skip to Section B, Exposure History)

May.17. 2002 2:29AM

No.0797 P. 3

•	M A: Symptoms (ILL RESPONDENTS) *********
	ome questions about the type of illness that you had.
Onset Date: / /	Duration of symptoms (days):
	apply AND circle the symptom that occurred first:
Vomiting	Yes/No
Abdominal cramps	Yes/No
Nausea	Ycs/No
Headache	Yow/No
Sinus pain/pressure	Yes/No
Cough	Yes/No
Bloody diamhea	Yes/No
Non-bloody diarrhea	Yes/No
Watery diarrhea	Ycs/No
If patient had dis	Yes/No. If you higher the maximum number of loose stools per day?
	1 yes, mgnest temp
Dehydration Other:	Yes/No
	manufactured by the state of th
If yes, what medications d	id you take?
	utire a doctor / hospital/clinic visit? Yes/No
	tion B: Exposure History)
Clinical History:	s is a positive institute of the second seco
Clinical History;	
Physician/hospital/nurse vi Telephone:	sit date: / / Name of healthcare provider or clinic:
Were you hospitalized?	es/No Hospital admission date: / / Hospital Name:
"hat did the doctor tell you	a that you had?
Were you treated with antib	niotics? Yes/No If yes, which Rx: Rx start date: / /
Lab Specimens	
Did you submit a stool samp	ole to a doctor or the health department?YesNo
Collection date: / /	
Where did you leave the spe	cimen?Results:
Family Members	
Since you became ill has any If yes, please list the	one else in your family been ill? Yes/No name(s)

EGG & CHICKEN SALAD

Y/N

AUJUS GRAVY

Y/ N

FRICASSEE CHICKEN

No.0797 P. 4

Y/N

		that you ate or drank at the steal	Chouse.		
	ch items you ate off the	to have			
SALAD BAR/COLI		е опитес			
FRESH ORANGE	•				
FRESH HONEYDEV		N MARGARINE	Y/N	BEEF GRAVY	Y/N
FRESH KIWI FRUIT			Y/N	FETTUCINI PASTA	Y/N
FRESH CANTALOU		N FRUIT SALAD	Y/N	SPAGHETTI PASTA	Y/N
	400		Y/N	LONG GRAIN RICE	Y/N
Fresh red grape fresh willte gra			Y/N	BEEF NOODLE SOUP	Y/N
			Y/N	CHICKEN NOODLE SOUP	Y/N
FRESH WATERMEL FRESH BANANA			Y/N	TOMATO SOUP	Y/N
	Y/:		Y/N	CLAM CHOWDER	Y/N
TRESH RED GRAPER			Y/ N	COOKED MEATBALL	Y/N
FRESH STRAWBERF	• 7 .		Y/N	SHORT BEEF RIB	Y/ N
FRESH RED SEEDLE	SS GRAPE Y/1	GREAT NORTHERN BEAN	S Y/N	SALISBURY STRAK	Y/N
FRESH LEMON	Y/1	THREE BEAN SALAD	Y/N	CARVING HAM	Y/N
FRESH PINEPAPPLE	-/-	FRESH SAURKRAUT	Y/N	DICED HAM/TURKEY	Y/N
FRESH LEMON (FAN	-	Salad dressings:		TURKEY CORN DOG	Y/N
ICEBERG LETTUCE I		FRENCH	Y/N	BONELESS PORK BUTT	Y/N
FRESH SALAD MIX (COLORED) Y/N	ITALIAN	Y/N	FAT BACK PORK	Y/N
YELLOW ONION	Y/N	RANCH	Y/N	FRESH CHICKEN	Y/N
FRESH CHERRY TOM	iatoes y/n	THOUSAND ISLAND	Y/N	SKINLESS TURKEY BREAST	Y/N
FRESH CAULIFLOWE	ir y/n	OTHER:	Y/N	ROTISIREE TURKEY BRUAST	Y/N
FRESH CABBAGE	Y/N			FRESH OYSTERS	Y/N
FRESH MUSIIROOM	Y/ N	HOT BAR		IMITATION SHRIMP/CRAB	Y/N
ESH TOMATO SLIC	ES Y/N	WHOLE WHITE POTATO	Y/N	BREADED CATFISH	Y/ N
FRESH CUCUMBER	Y/N	SWEET POTATO	Y/N	CRAB CAKE	Y/N
FRESII BELL PEPPER	Y/N	PINTO BEANS	Y/N	TOMATO, MACARONI, & BEEF	Y/N
FRESH GREEN ONION	Y/N	SLICED BEET	Y/N	MACARONI AND CHEESE	Y/N
FRESH CARROT	Y/N	KETCHUP	Y/ N	CHICKEN AND NOODLES	Y/N
fresh red pepper	Y/N	GOLDEN HOMINY	Y/N	RICE/ CHEESE/BROCCOL1	
FRESH GRAPE TOMAT	ro y/n	BLACKEYE PEAS	Y/N	CASSEROLE	Y/N
FRESH BROCCOLI	Y/N	VEGETABLE STEW	Y/ N	MACARONI & CHEESE	Y/N
FRESH BELL PEPPER	Y/N	MIXED VEGETABLES	Y/N	TOMATO & PORK BBQ	Y/N
FRESII MACARONI SA	LAD Y/N	MUSHROOMS	Y/N	MEATLOAF	Y/N
FRESH SOUTHERN MU	ISTARD	GREEN BEANS	Y/ N	CHICKEN AND DUMPLINGS	Y/N
POTATO SALAD	Y/N	PINTO BEANS	Y/N	WHITE CHEDDER	
FRESH DELI MUSTARI)	SPINACH	Y/N	CHEESE PASTA	Y/N
POTATO SALAD	Y/N	CHICKEN AND DUMPLINGS	Y/N	CHICKEN ON A STICK	Y/N
FRESH COLE SLAW SH	REDDED Y/N	GREEN BEANS	Y/N	POTATO AND LEEK SOUP	Y/N
PENNE PRIMO SALAD	Y/N	CHILI W/ BEANS	Y/ N	MACARONI & CHEESE	Y/N
COTTAGE CHEESE	Y/ N	MASHED POTATO	Y/N	ALL MEAT CHILI	
DOG & OURGIDALELE			11 14	STATES AND	Y/N

EXHIBIT A

	Score: N.C. Department of Environment of Environmen	menta	l Health	i	Current Identification Number
	Status Code: OTHER FOODHANDLIN				Old ID Number (if status I or T)
	Water Supply: Community 2 Transient Non-Community Non-Transient Non-Community 4 Non-Public Water Wastewater System: On-Site System	· Supp		r sample taken today? Name Change Inspection	Yes No Re-Inspection of Closure
100 100 100 100 100 100 100 100 100 100	Name of Establishment: Lighton Degaline Street Address: Mean 221	Ma (if	iling A	Permittee: Lide Sold (ddress nt):	allow
	City: Asuco Vine State: NC Zip: 28-7-7	Cit			State: Zip:
	FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	Fu	ıll/half cle One)		
* Social States	 FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly 		2.5 2.5 1.5 .5		
	sonnel [.2609(c); .2616] b. Personnel with infections or communicable diseases restricted Proper handwashing, good hygienic practices Clean clothes, hair restraints	5 5 1	2.5 2.5 .5		
	 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils Single service articles properly stored and handled Non-food contact surfaces clean and in good repair 	5 3 2 3 2	(2.5) 1.5 1.5 1.5 1.5 1	HI Can ap	Courte for
1	VATER SUPPLY [.2618; .2623] 8. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 9. No cross-connections or other potential sources of contamination	5	2.5	A. A.	
1 2	AVATORY AND TOILET FACILITIES [.2609(c); .2624; .2625]	4 2	3	#20 Par 1 10	ach sick in
22	 ASTE DISPOSAL [.2612; .2613; .2626] Wastewater discharged into approved, properly operating wastewater treatment and disposal system Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 		2.5	Har spap at	in soul
24 25		4 2 1	2 1 .5	Hodrey Eck	Cons Olean
21	OORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed Clean, maintained in good repair	2 1	1 .5	to a dames of	la.
29.	GHTING AND VENTILATION [.2630; .2631] Meets illumination requirements; shielded	1	.5		
ST 31. 32. 33.	ORAGE SPACES AND OTHER [.2620(d); .2632; .2633] Toxic substances properly stored and marked Outside premises clean and storage spaces clean Not used for domestic purposes Linen properly handled, stored		2.5 .5 .5 .5		
DEN	Dection Conducted by TOTAL DEDUCTIONS R 4007 (Revised 9/98) Onimental Health Services Section (Review 4/01) Signature of Report Recipient	1.6	3_1- EH	SLD.# 043	Comment Sheet Attached Yes No

Score: N	.C. Department of Environmen				
[2606(b)] Final Score	Division of Environ				Current Identification Number
Health Department IN	SPECTION OF RE	CSTA	UR	ANT OR	Old ID Number (if status I or T)
Status Code: OTHER	FOODHANDLIN	G E	STA	BLISHMENT	4113100
Water Co. 1. Fig. Co. 1. Co. T.				_	Date of Inspection or Change
	Ion-Community			er sample taken today?	Yes 🛂 No
3 Non-Transient Non-Community	4 Non-Public Water	Supp	ly	Name Change	Re-Inspection
Wastewater System: Community 2 On-S	Site System			Inspection	Verification of Closure
Name of Establishment:	. 94 / 11			Permittee: Lland	0.66
The transfer of the transfer o	* 37257 116	Mai	ling A	Address	are -
Street Address:	Commenter to	(if d	liffere	nt);	
	77-3				
City: State: NC	Zip: 457777	City	ě.		State: Zip:
The same of the sa	- 1	Ded	uction	Comments	Zip
FOOD SOURCES [.2608; .2612; .2615; .2622]			l/half le One)		
1. Food from approved sources, no spoilage, adulte	ration, contamination	5	2.5	5	
FOOD PROTECTION [.2609; .2610; .2611; .2612; .26	13; .2614; .2622; .2632])
Potentially hazardous food meets temperature a	nd/or time requirements	5	2.5	-	
during storage, preparation, display, service and 3. Food stored, thawed, prepared, cooked, hand	transportation	. 5	2.5	k 	
transported to prevent contamination, adulteration	on, spoilage	3	2.3	B	
4. Food not re-served		5	2.5		
5. Thermometers provided, accurate, available6. Appropriate written notice of clean plates		3	1.5 .5		
Dry foods stored properly and labeled accordingly		2	1		
1SONNEL [.2609(c); .2616]					
8. Personnel with infections or communicable diseas	es restricted	5 5	2.5	~ .	
9. Proper handwashing, good hygienic practices (10) Clean clothes, hair restraints			2.5	(10) Everyout in	Kitchen area munt
	V	1	(3)	- Ween How Re	ctrames
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2 .2622; .2632(b)]	2618; .2619; .2620; .2621;			- 01/2	
11. Food contact surfaces cleaned and sanitized by appropriate solution provided	oved methods, sanitizing	5	2.5	A second	
solution provided Approved utensil-washing facilities of sufficients				Test kils for	San Hearing Scholien
(2) Approved utensil-washing facilities of sufficient thermometers and test kits available and used	ent size, with accurate	3	1.5	30 144 4	
(13.) Food contact surfaces clean and in good repair		3	1.5	Perille and once	- reed dearing
 Food service equipment NSI or equal, utensils appro Air-drying, storage and handling of clean equipment. 	ved	2 3 2	~1		
 Single service articles properly stored and handled 	and utensils	3	1.5		€
(17.) Non-food contact surfaces clean and in good repair		2	A	(stowed	Coolero, acole a
WATER SUPPLY [.2618; .2623]			_	column of	
18. Source in accordance with 15A NCAC 18A .1700: H	ot and cold water under	5	2.5		
pressure, meets temperature requirements 19. No cross-connections or other potential sources of	contamination	5	2.5	-	
5.7(6)		3	2.5		
L \TORY AND TOILET FACILITIES [.2609(c); .26	524; .2625]	4	2	~	
(21.) Toilet rooms with self-closing doors, fixtures and roo	ms clean, mixing faucet,	2	1	(a) told much	elea wine
soap, towels, dryer, signs			-		
WASTE DISPOSAL [.2612; .2613; .2626]				(1)	
22. Wastewater discharged into approved, properly treatment and disposal system	operating wastewater	5	2.5		
23. Garbage cans, containerized systems properly mainta	ined, cleaning facilities	2	1		
provided or contract maintained for cleaning					
ANIMALS AND PEST CONTROL [.2610; 2629; .2633]			- 1		
24. Animal or pests presence25. Doors self-closing where required; all windows screen	nd.	4	2		-
26. Pests breeding places or rodent harborages		2	1 .5		(44 · 6 · .
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .26	527- 26281		5	(DE) Yleson und	- company to medo
24. Properly constructed	0	2	L	- Clearnes	<i>"</i> /
28) Clean, maintained in good repair		1	(3)	~	
LIGHTING AND VENTILATION [.2630; .2631]			(20 " entitation of	and good a noods
29. Meets illumination requirements; shielded 30. Ventilation clean, in good repair		1	.5	- Oca	
and the second s	27	1	ا د.	36	
STORAGE SPACES AND OTHER [.2620(d); .2632; .263 31. Toxic substances properly stored and marked		5 2	, ,		
 Outside premises clean and storage spaces clean 	j	ĺ	.5	GC Stonge Are	as need class
33. Not used for domestic purposes34. Linen properly handled, stored	1	1	.5	old og i prosent	getter of all of
	FAL DEDUCTIONS	17	.5		J. Sept.
Inspection Conducted by:		F	— ET	HS I.D. # 150/2	Comment Chart Att-1-1
DENR 4007 (Revised 9/98)	A1 -	-1	1.0		Comment Sheet Attached
Environmental Health Services Section (Review 4/01) Signature of Report	Recipient —————	-	110	60	Yes 🔀 No

Sco	Health Department Comparison of Environment Health Department Health Department	ST.	Health AURA	NT OR	Current Identification Number Old ID Number (if status I or T)
Wat Was	ter Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water stewater System: Community 2 On-Site System ne of Establishment:	Supp	Water	sample taken today? [Name Change Inspection	Date of Inspection or Change Yes No Re-Inspection Verification of Closure
930	et Address: 1196 / 5 336 Kuy	Ma	iling Ac	idress	
FOC	State: NC Zip: A5777 DD SOURCES [.2608; .2612; .2615; .2622] Food from approved sources, no spoilage, adulteration, contamination	Fu	y: luction ll/half cle One) 2.5	Comments	State: Zip:
FOC 2. 3. 4. 5. 6.	DD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly SONNEL [.2609(c); .2616]	5	2.5 2.5 2.5 1.5 .5		
8.] 9.]	Personnel with infections or communicable diseases restricted Proper handwashing, good hygienic practices Clean clothes, hair restraints	5 5 1	2.5 2.5 .5		
11. I s 12. / 13. F 14. F 15. /	IPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; 2622; .2632(b)] Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided Approved utensil-washing facilities of sufficient size, with accurate hermometers and test kits available and used Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils Single service articles properly stored and handled Non-food contact surfaces clean and in good repair		2.5 1.5 1.5 1 1.5 1	y :+	
18. S	ER SUPPLY [.2618; .2623] Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements To cross-connections or other potential sources of contamination	5 5	2.5		
2u. A 21. T	ATORY AND TOILET FACILITIES [.2609(c); .2624; .2625] Approved, accessible, in good repair oilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, oap, towels, dryer, signs	4 2	2 1		
22. W tr 23. G	TE DISPOSAL [.2612; .2613; .2626] Wastewater discharged into approved, properly operating wastewater reatment and disposal system arbage cans, containerized systems properly maintained, cleaning facilities rovided or contract maintained for cleaning	5 2	2.5	*	
24. At 25. Do	ALS AND PEST CONTROL [.2610; 2629; .2633] nimal or pests presence cors self-closing where required; all windows screened ests breeding places or rodent harborages	4 2 1	2 1 .5		
. 27. Pr	RS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] operly constructed ean, maintained in good repair	2	1 .5		
29. M	FING AND VENTILATION [.2630; .2631] eets illumination requirements; shielded entilation clean, in good repair	1 1	.5 .5		
STOR A 31. To 32. Ou 33. No	AGE SPACES AND OTHER [.2620(d); .2632; .2633] exic substances properly stored and marked attside premises clean and storage spaces clean tused for domestic purposes then properly handled, stored	5 1 1	2.5 .5 .5 .5		
DENR 4007	on Conducted by: (Revised 9/98) tal Health Services Section (Review 4/01) Signature of Report Recipient		EH	SI.D.# <u>&7±17</u>	Comment Sheet Attached Yes No

Score: 155 + 2 12606(b) = 1250 7.5 N.C. Department of Environme	
Health Department - INSPECTION OF RI	ESTAURANT OR Old ID Number (if status I or T)
Status Code: OTHER FOODHANDLIN	G ESTABLISHMENT Pate of Inspection or Change
Water Supply: Community 2 Transient Non-Community Non-Transient Non-Community 4 Non-Public Water	Water sample taken today? Yes Yes No
Wastewater System: Community 2 On-Site System	Inspection Verification of Closure
	Permittee: Donne King
Street Address: 11961 Space Die Aloging He	Mailing Address (if different):
City: Space Dine State: NC Zip: 18777	City: State: Zip:
State. Ho Zip. Zi V V V	City: State: Zip: Deduction Full/half Comments
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	(Circle One) 5 2.5
FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] 2. Potentially hazardous food meets temperature and/or time requirements.	s 5 2.5
during storage, preparation, display, service and transportation	No.
 Food stored, thawed, prepared, cooked, handled, displayed, served transported to prevent contamination, adulteration, spoilage 	, 5 2.5
4. Food not re-served5. Thermometers provided, accurate, available	5 2.5 3 1.5
6. Appropriate written notice of clean plates7 Dry foods stored properly and labeled accordingly	1 .5
PLONNEL [.2609(c); .2616]	2 1
8. Personnel with infections or communicable diseases restricted	5 2.5
 Proper handwashing, good hygienic practices Clean clothes, hair restraints 	5 2.5 =
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621;	
.2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing	
solution provided	
12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used	
13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved	3 4.5/ Comment of the state of
 Air-drying, storage and handling of clean equipment and utensils 	2 1 1 1.5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16 Single service articles properly stored and handled 17 Non-food contact surfaces clean and in good repair	2 & Packs was where saws deshes
WATER SUPPLY [.2618; .2623]	dried wide alequine
18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements	5 2.5
19. No cross-connections or other potential sources of contamination	5 2.5
LA TORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. proved, accessible, in good repair	
21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet.	2 1
soap, towels, dryer, signs	10
WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater	5 2.5
treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities	2 1
provided or contract maintained for cleaning	
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence	4 2
 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages 	2 1
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628]	1 .5
771) Properly constructed	2 0 4
	1) 3 (28) Plans clean, then replaced
LIGHTING AND VENTILATION [.2630; .2631] 29. Meets illumination requirements; shielded 30. Ventilation clean, in good repair	1 (5) (5) (5) Vonta over grill area
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] L. Toxic substances properly stored and marked	
2. Outside premises clean and storage spaces clean	1 3 (2) tracharea medo to be kept clean
Not used for domestic purposes Linen properly handled, stored	1 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL DEDUCTIONS 9	53 In Voth rown food trught
Inspection Conducted by: And Andrew ENR 4007 (Revised 9/98)	EHS I.D. # 1726 Comment Sheet Attached
nvironmental Health Services Section (Review 4/01) Signature of Report Recipient	☐ Yes ⋈ No

Score: N.C. Department of Environment N.C. Department of Environment	Current Identification Number CSTAURANT OR Current Identification Number Old ID Number (if status I or T)
Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment: 1961 5236 House	Water sample taken today? Yes Yes No
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] 2. Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation 3. Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage 4. Food not re-served 5. Thermometers provided, accurate, available 6. Appropriate written notice of clean plates 7. Try foods stored properly and labeled accordingly PLASONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair	5 2.5 5 1.5 1 .5 2 1 5 2.5 5 2.5 1 .5
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. No cross-connections or other potential sources of contamination LA TORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20pproved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet,	5 2.5
soap, towels, dryer, signs WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	5 2.5
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] 27. Properly constructed	4 2 2 1 1 .5 2 1
28.) Clean, maintained in good repair LIGHTING AND VENTILATION [.2630; .2631] 29. Meets illumination requirements; shielded 30.) Ventilation clean, in good repair STORAGE SPACES AND OTHER [.2620(d); .2632; .2633]	1 3 3 Voita mer gillour chancel
31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored TOTAL DEDUCTIONS Inspection Conducted by: DENR 4007 (Revised 9/98)	5 2.5 1 5 Sharing I ho Plants of Country 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Report Recipient Services Section (Review 4/01)	

s _	core: + 1 N.C. Department of Environmen Division of Environmen Health Department N.C. Department of Environmen Division of Environmen INSPECTION OF RE	iental	Health	Current Identification Number
S	tatus Code: OTHER FOODHANDLING	3 E	STA	BLISHMENT Date of Inspection or Change
W	Vater Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Vastewater System: On-Site System ame of Establishment:	Mai	ly iling A	r sample taken today? Yes No Name Change Re-Inspection Verification of Closure Permittee:
S1	reet Address: 119615 226 Hory	(11 0	liffere	nt):
F	OOD SOURCES [.2608; .2612; .2615; .2622] Food from approved sources, no spoilage, adulteration, contamination	Ful	uction ll/half le One) 2.5	
3 4 5	Pood PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation. Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly		2.5 2.5 1.5 .5	
8 9	ASONNEL [.2609(c); .2616] Personnel with infections or communicable diseases restricted Proper handwashing, good hygienic practices Clean clothes, hair restraints	5 5 1	2.5 2.5 .5	
11. 12. 13. 14. 15. 16.	PUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils Single service articles properly stored and handled Non-food contact surfaces clean and in good repair	5 3 2 3 2 2 2	2.5 1.5 1.5 1 1.5 1	320
18. 19. L 20.	Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements No cross-connections or other potential sources of contamination TORY AND TOILET FACILITIES [.2609(c); .2624; .2625] Approved, accessible, in good repair	5 5	2.5 2.5	
WA 22.	Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs STE DISPOSAL [.2612, .2613; .2626] Wastewater discharged into approved, properly operating wastewater treatment and disposal system Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	52	2.5	
24. 25.	IMALS AND PEST CONTROL [.2610; 2629; .2633] Animal or pests presence Doors self-closing where required; all windows screened Pests breeding places or rodent harborages	4 2 1	2 1 .5	
27 28	Properly constructed Clean, maintained in good repair	2	1 (5)	floor den in all acco
29. (30.)	Meets illumination requirements; shielded Ventilation clean, in good repair	1 1	.5 (5)	Tohis to good against and aloned
31. 32. 33.	PRAGE SPACES AND OTHER [.2620(d); .2632; .2633] Toxic substances properly stored and marked Outside premises clean and storage spaces clean Not used for domestic purposes Linen properly handled, stored TOTAL DEDUCTIONS	5 1 1 1	2.5 .5 .5	ar wetting both and
DENR	ection Conducted by: 4007 (Revised 9/98) Immental Health Services Section (Review 4/01) Signature of Report Recipient	4		Comment Sheet Attached Yes X No

Score: $\frac{1}{(2606(b))} + \frac{1}{(2606(b))} = \frac{2}{\text{Final Score}}$ N.C. Department of Environment Division of Environment INSPECTION OF RE	ESTAURANT OR Current Identification Number Old ID:Number (if status for T)
Status Code: OTHER FOODHANDLING	IG ESTABLISHMENT Date for Inspection or Change
Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment:	Water sample taken today? Yes Yo No
Street Address: 140 - 1 C 27 (1)	Mailing Address
Street Address: 11961 < 236 Huly	(if different):
City: State: NC Zip: 20777	City: State: Zip:
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	Deduction Full/half (Circle One) 5 2,5
 FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates 	5 2.5 5 2.5 3 1.5 1 .5
7 Dry foods stored properly and labeled accordingly Ph. JONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	2 1 5 2.5 5 2.5 1 .5
 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair 	5 2.5
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. No cross-connections or other potential sources of contamination	of doors clean
20. proved, accessible, in good repair Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs	2 6 walls of hat horsens, the
 WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	5 2.5
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages	4 2 2 1 1 .5
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] 27. Properly constructed 28. Clean, maintained in good repair	2 1 De grant till on the down in
LIGHTING AND VENTILATION [.2630; .2631] Meets illumination requirements; shielded	1 5 Duento chan a hora grill and
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored TOTAL DEDUCTIONS	5 25 1 5 1 .5
nspection Conducted by Denk 4007 (Revised 9/98) invironmental Health Services Section (Review 4/01) Signature of Report Recipient	EHS I.D. # 173 (c) Comment Sheet Attached Yes No

	Score N.C. Department of Environment Division of Environment INSPECTION OF RE OTHER FOODHANDLING	nenta ST. GE	Healt AUR STA	ANT OR Current Identification Number Old ID Number (if status I or T)
	Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System			er sample taken today? Yes No Name Change Re-Inspection Inspection Verification of Closure
	Name of Establishment: 11111 X Steelers Street Address: 11911 S 336 Alexan	Ma (if	iling A	Permittee: Danage king Address ent):
(City: State: NC Zip: 25777		y: luction ll/half	State: Zip:
]	FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination		cle One	
	 POOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly 		2.5 2.5 1.5	
	SONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 0. Clean clothes, hair restraints	5 5 1	2.5 2.5 .5	
11 12 13 14 15 16	 QUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils Single service articles properly stored and handled Non-food contact surfaces clean and in good repair 		2.5 1.5 1.5 1.5 1.5	
W 18	ATER SUPPLY [.2618; .2623] Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements No cross-connections or other potential sources of contamination	5	2.5	
L 2(2)	. Tollet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs	4 2	\bigcirc^2	El Patternia clean floor in good
22	ASTE DISPOSAL [.2612; .2613; .2626] Wastewater discharged into approved, properly operating wastewater treatment and disposal system Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	5 2	2.5	
24. 25.	NIMALS AND PEST CONTROL [.2610; 2629; .2633] Animal or pests presence Doors self-closing where required; all windows screened Pests breeding places or rodent harborages	4 2 1	2 1 .5	
27.	OORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed Clean, maintained in good repair	2		De Maria Clan in lately and
29.		1 1	.5 .5	
31. 32. 33.	ORAGE SPACES AND OTHER [.2620(d); .2632; .2633] Toxic substances properly stored and marked Outside premises clean and storage spaces clean Not used for domestic purposes Linen properly handled, stored TOTAL DEDUCTIONS	5 1	2.5 .5 .5	30) It was a construct back fresh week
DENI	pection Conducted by: R 4007 (Revised 9/98) Commental Health Services Section (Review 4/01) Report Recipient	4	//Æ	HS I.D. # 170 (a Comment Sheet Attached Yes) No

Score: 7.5 Final Score N.C. Department of Environment Health Department INSPECTION OF RE Status Code: OTHER FOODHANDLING	The mental Health ESTAURANT OR GESTABLISHMENT Current Identification Number Old ID Number (if status I or T)
Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment:	Supply Name Change Re-Inspection Inspection Verification of Closure
Street Address: 11961 5 226 Huy	Permittee: Norsees Keeng Mailing Address (if different):
City:	City: State: Zip: Deduction Full/half (Circle One)
 Food from approved sources, no spoilage, adulteration, contamination FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly 	5 2.5 5 2.5 5 2.5 5 2.5 3 1.5 1 .5
PEKSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	2 1 5 2.5 5 2.5 1 .5
 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair 	
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. No cross-connections or other potential sources of contamination	5 2.5 Cooler in Kitchen 5 2.5
 L. TORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs 	4 2 2 1
 WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	5 2.5
26. Poors self-closing where required; all windows screened	4 2 2 1 1 .5
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed	2 (2) Kloars in good reper in all
LIGHTING AND VENTILATION [.2630; .2631] 29. Meets illumination requirements; shielded 30. Ventilation clean, in good repair	
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored	2.5
Inspection Conducted by: TOTAL DEDUCTIONS 2. DENR 4007 (Revised 9/98) invironmental Health Services Section (Review 4/01) Signature of Report Recipient	Comment Sheet Attached Yes No

Score: 75 + 2 Pinal Score Health Department Status Code: OTHER FOODHANDLIN	ment ST	al Heal	RANT OR Current Identification Number Old ID Number (if status I or T)
Status Code: OTHER FOODHANDLIN Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment:		Wa	ABLISHMENT Date of Inspection or Change ter sample taken today? Name Change Re-Inspection Inspection Verification of Closure Permittee:
Street Address: 119/01 5 22/0 Hair	M (ii	ailing differ	Address
City: Aprice Pine State: NC Zip: 28707		ty:	State: Zip:
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	F	eductior ull/half rcle On	Comments
 FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Pry foods stored properly and labeled accordingly 		2. 2. 1.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	5 5 1	2.5 2.5	5
 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair 		2.5 1.5 1.5 1 1.5	
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. No cross-connections or other potential sources of contamination	5	2.5 2.5	
 LA FORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs 	4 2	2	
 WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	5	2.5	
	4 2 1	2 1 .5	
	2		57 Slower properly constructed
LIGHTING AND VENTILATION [.2630; .2631] 29. Meets illumination requirements; shielded	1	.5	
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored		2.5 .5 .5	
Inspection Conducted by: DENR 4007 (Revised 9/98) Environmental Health Services Section (Review 4/01) Signature of Report Recipient	5		HS I.D. # 1726 Comment Sheet Attached

Questionnaire for Salmonellosis Outbreak-April, 2002

Interviewer Initials:	Interview Date:
Respondent's name:	
What day and time did you arrive at the steakhouse?	Date:/_ / Time:am/pm
Race/Ethnicity: White, non-Hispanic American Indian/Alaska native	Black, non-HispanicAsian/Pacific IslanderHispanicUnknown
Respondent's sex (circle one): M / F	Respondent's date of birth:/_/_
Work phone number: Home p	hone number: _
Home street address (no P.O. box #s):	
City:Zip code:	
id you have nausca, or vomiting and/or 3 or more di	arrheal (loose) stools /day from April 18 through May 3? Y/N

(If "NO" then skip to Section B, Exposure History)

***********Section	on A: Symptoms (ILL RESPONDENTS) *********
First I want to ask you	some questions about the type of illness that you had.
Onset Date: / /	_ Duration of symptoms (days):
	at apply AND circle the symptom that occurred first:
Vomiting	Yes/No
Abdominal cramps	Yes/No
Nausea	Ycs/No
Headache	Ycs/No
Sinus pain/pressure	Yes/No
Cough	Yes/No
Bloody diarrhea	Yes/No
Non-bloody diarrhea	Yes/No
Watery diarrhea	Ycs/No
If patient had d	liarrhea, what was the maximum number of loose stools per day?
Fever	Yes/No if yes, highest temp
Dehydration	Yes/No
Other:	
Did you take any over-ti	he-counter medications for any of these symptoms? Yes/No
	, , , , , , , , , , , , , , , , , , , ,
If yes, what medications	did you take?
Were you ill enough to	require a doctor / hospital/clinic visit? Yes/No
(If "NO" then skip to Se	ection B: Exposure History)
Clinical History:	
Physician/hospital/nurse	visit date: / / Name of healthcare provider or clinic:
Telephone:	
Were you hospitalized?	Yes/No Hospital admission date: / / Hospital Name:
"That did the doctor tell;	you that you had?
Were you treated with ar	ntibiotics? Yes/No If yes, which Rx: Rx start date: _/ /
Lab Specimens	
Did you submit a stool sa	imple to a doctor or the health department?YesNo
Collection date: / /	
**** 41.4 4 4	
Where did you leave the	specimen? Results:
Family Members	
	a contract of the contract of
Since you became ill has If yes, please list	anyone else in your family been ill? Yes/No the name(s)

*******Section B: Exposure History (ALL RESPONDENTS) ********

Now I need to ask you about everything that you ate or drank at the steakhouse.

Did you order an entrée?	Which one:	

Please identify which items you ate off the buffet:

SAL	A D	IP A	ν.	COY	m	DAD	,
CAL.	AI	DA	. 15./		/I J	DAK	

SALAD BAR/COLD BAR					
FRESH ORANGE	Y/ N	MARGARINE	Y/ N	BEEF GRAVY	Y/N
FRESH HONEYDEW MELON	_ Y/ N	IMITATION BACON BITS	Y/ N	FETTUCINI PASTA	Y/N
FRESH KIWI FRUIT	Y/N	FRUIT SALAD	Y/N	SPAGHETTI PASTA	Y/N
FRESH CANTALOUPE	Y/ N	SPICED APPLES	Y/ N	LONG GRAIN RICE	Y/N
FRESH RED GRAPE (SEEDLESS)	Y/N	SLICED PEAR	Y/N	BEEF NOODLE SOUP	Y/N
FRESH WIIITE GRAPE	Y/N	SLICED APPLE	Y/N	CHICKEN NOODLE SOUP	Y/ N
FRESH WATERMELON	Y/N	SLICED PEACHES	Y/N	TOMATO SOUP	Y/N
FRESH BANANA	Y/N	PINEAPPLE TIDBITS	Y/N	CLAM CHOWDER	Y/ N
TRESH RED GRAPEFRUIT	Y/N	CRUSHED PINEAPPLE	Y/ N	COOKED MEATBALL	Y/ N
. KESH STRAWBERRY	Y/ N	MANDARIN ORANGE	Y/ N	SHORT BEEF RIB	Y/ N
FRESH RED SEEDLESS GRAPE	Y/N	GREAT NORTHERN BEANS	Y/ N	SALISBURY STEAK	Y/N
FRESH LEMON	Y/N	THREE BEAN SALAD	Y/ N	CARVING HAM	Y/N
FRESH PINEPAPPLE	Y/N	FRESH SAURKRAUT	Y/ N	DICED HAM/TURKEY	Y/N
FRESH LEMON (FANCY)	Y/ N	SALAD DRESSINGS:		TURKEY CORN DOG	Y/N
ICEBERG LETTUCE LINER	Y/ N	FRENCH	Y/N	BONELESS PORK BUTT	Y/ N
FRESH SALAD MIX (COLORED)	Y/ N	ITALIAN	Y/N	FAT BACK PORK	Y/N
YELLOW ONION	Y/N	RANCH	Y/N	FRESH CHICKEN	Y/ N
FRESH CHERRY TOMATOES	Y/N	THOUSAND ISLAND	Y/N	SKINLESS TURKEY BREAST	Y/N
FRESH CAULIFLOWER	Y/ N	OTHER:	Y/N	ROTISIREE TURKEY BREAST	Y/N
FRESH CABBAGE	Y/N			FRESH OYSTERS	Y/N
FRESH MUSHROOM	Y/N	IIOT BAR		IMITATION SHRIMP/CRAB	Y/N
SSH TOMATO SLICES	Y/N	WHOLE WHITE POTATO	Y/N	BREADED CATFISH	Y/ N
FRESH CUCUMBER	Y/N	SWEET POTATO	Y/N	CRAB CAKE	Y/N
FRESII BELL PEPPER	Y/N	PINTÓ BEANS	Y/N	TOMATO, MACARONI, & BEEF	Y/ N
FRESH GREEN ONION	Y/N	SLICED BEET	Y/N	MACARONI AND CHEESE	Y/N
FRESH CARROT	Y/N	KETCHUP	Y/ N	CHICKEN AND NOODLES	Y/ N
FRESH RED PEPPER	Y/ N	GOLDEN HOMINY	Y/N	RICE/ CHEESE/BROCCOLI	
FRESH GRAPE TOMATO	Y/N	BLACKEYE PEAS	Y/N	CASSEROLE	Y/N
FRESH BROCCOLI	Y/N	VEGETABLE STEW	Y/N	MACARONI & CHEESE	Y/N
FRESH BELL PEPPER	Y/N	MIXED VEGETABLES	Y/N	TOMATO & PORK BBQ	Y/N
FRESH MACARONI SALAD	Y/N	MUSHROOMS	Y/N	MEATLOAF	Y/ N
FRESH SOUTHERN MUSTARD		GREEN BEANS	Y/ N	CHICKEN AND DUMPLINGS	Y/N
POTATO SALAD	Y/ N	PINTO BEANS	Y/ N	WHITE CHEDDER	
FRESH DELI MUSTARD		SPINACH	Y/N	CHEESE PASTA	Y/ N
POTATO SALAD	Y/N	CHICKEN AND DUMPLINGS	Y/N	CHICKEN ON A STICK	Y/N
FRESH COLE SLAW SHREDDED	Y/ N	GREEN BEANS	Y/N	POTATO AND LEEK SOUP	Y/ N
PENNE PRIMO SALAD	Y/N	CHILI W/ BEANS	Y/ N	MACARONI & CHEESE	Y/N
COTTAGE CHEESE	Y/ N	MASHED POTATO	Y/ N	ALL MEAT CHILI	Y/N
EGG & CHICKEN SALAD	Y/ N	AUJUS GRAVY	Y/ N	FRICASSEE CHICKEN	Y/N

TROPI - ELOTO HISE ATT	110. 1020 100	, 11.	J 4	nay. Je ze	اا الرقة دق عد	1 24
Score: N.C. Dep	artment of Environmen Division of Environm			Resources	Current Identif	ication Number
	CTION OF RES ODHANDLING	Old ID Numbe	r (if status I or T)			
Status Code: OTHER FOO	JULIANULING	a Ing	IAI	Priothment	Date of Inspect	tion or Change
Water Supply: Community 2 Transient Non-Co	mmunity		Water	sample taken today?		7 No
3 Non-Transient Non-Community 4	Non-Public Water	Suppl	у	Name Change	Re-Insp	ection
Wastewater System: [1] Community [2] On-Site Sys	stem		241	Inspection	Verifica	tion of Closure
Name of Establishment: Lastone Analy	Prince Stand	6 60	1	Permittee: file a select	200 mar	p .
Street Address: Alex 226		Mail (if di	ing Ad ifferen	ddress		
W () :				- China		
City: Aparen Diese State: NC Zip.	200777	City: Dedu Full	iction	Comments	State:	Zip:
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration,			One) 2.5			
 FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .26 Potentially hazardous food meets temperature and/or during storage, preparation, display, service and transp 	time requirements	5	2.5			
 Food stored, thawed, prepared, cooked, handled, a transported to prevent contamination, adulteration, spe 	displayed, served.	5	2.5			
Food not re-served Thermometers provided, accurate, available	27. 27.	5	2.5			
Appropriate written notice of clean plates		1	1.5	***		
Dry foods stored properly and labeled accordingly		2	1			
PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases rest	ricted	5	2.5			
9. Proper handwashing, good hygienic practices	110100	5	2.5			
10. Clean clothes, hair restraints		1	.5			
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618;2622; .2632(b)]	1619; .2620; .2621;		- 1		- w-	
11. Food contact surfaces cleaned and sanitized by approved n	ethods, sanitizing	5 ((2.5)	7.1 0		
solution provided 12. Approved utensil-washing facilities of sufficient size	e with accurate		1.5	#4 Can ar	besieve, c	SON THE REAL PROPERTY.
thermometers and test kits available and used	e, with accurate			With all		
 Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved 		3 2	1.5			
 Air-drying, storage and handling of clean equipment and ute 	nsils		1.5		Service - III	
 Single service articles properly stored and handled Non-food contact surfaces clean and in good repair 		2	1	HIT Aller	Corre	a fee
	2	4)	1	A. A.A	1	100
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and	cold water under	5	2.5		***	
pressure, meets temperature requirements 19. No cross-connections or other potential sources of contain						
		5	2.5			
L. FORY AND TOILET FACILITIES [.2609(c); .2624; .26 20. Approved, accessible, in good repair	_	4	(2)	1100 B		4
21. Toilet rooms with self-closing doors, fixtures and rooms clear	in, mixing faucet,	2 2	3	TO ROLL	the live of	fine
soup, towels, dryer, signs	% .	•	_	goodsepain.		-
WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly opera	ting wastewater	5 1	2.5	Har harres - 1	1 00	
treatment and disposal system			- 11	The state of the s	The state of the s	
 Garbage cans, containerized systems properly maintained, or provided or contract maintained for cleaning 	deaning facilities	² (0			
ANIMALS AND PEST CONTROL [.2610; 2629; .2633]	100		7	423 Verelyes	Donne	rlac
24. Animal or pests presence	4"	4	2	8	<u></u>	
 Doors self-closing where required; all windows screened Pests breeding places or rodent harborages 	2	2	1 -5	<		
	ייטרי	•	·-'' .			
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2627. Properly constructed	2	2	1 0	7 - 4 - 2	<i>î</i>	
28, Clean, maintained in good repair	<u>2</u>)	.5 2	TOP TOPES O	ver-	
LIGHTING AND VENTILATION [.2630; .2631]			_ -			
Meets illumination requirements; shielded Ventilation clean, in good repair	1		.5 -	-		
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633]	-		-		+6)7	
31. Toxic substances properly stored and marked	5	2.	.5			dis.
 Outside premises clean and storage spaces clean Not used for domestic purposes 	Ţ		5 -			364 :
34. Linen properly handled, stored /	i,		5	2.00	pro-	
	EDUCTIONS	<u> </u>	'	and Orem		
Inspection Conducted by DENR 4007 (Revised 9/98)	A-	•	EHS	SID.# 043	_ Comment Sh	neet Attached
Environmental Health Services Section (Review 4/01) Signature of Report Recipit	nt - 17 Mahain 16	1.30	1.	Minkon a		Yes No

Score: + + + + + + + + + + + + + + + + + + +			
A LANGUE CTION OF DE			ANT OD FLEMENT DOG
OTHER ECONHANDI IN			(No in printing (it states (of i)
Status Code:	G E	SIA.	Date of Inspection or Change
Water Supply: Community 2 Transient Non-Community		Wate	r sample taken today? 🔲 Yes 💆 No
Non-Transient Non-Community 4 Non-Public Water	Supp	oly	Name Change Rc-Inspection
Wastewater System: Community 2 On-Site System			Inspection Verification of Closure
		27	Permittee: Lland of Co.
Name of Establishment:	Ma		Address
Street Address: 227 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(if	differen	nt):
City: State: NC Zip: 25777	City	/1	State: Zip:
	Ded	luction II/half	Comments
FOOD SOURCES [.2608; .2612; .2615; .2622]	(Circ	ile One)	
 Food from approved sources, no spoilage, adulteration, contamination 	5	2.5	
FOOD PROTECTION [:2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632]			
Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation	5	2.5	
 Food stored, thawed, prepared, cooked, handled, displayed, served, 	. 5	2.5	
transported to prevent contamination, adulteration, spoilage	5	2.5	
Food not re-served Thermometers provided, accurate, available	3	1.5	
Appropriate written notice of clean plates	1	.5	
Dry foods stored properly and labeled accordingly	2	1	
PERSONNEL [.2609(c); .2616]	_		
8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices	5	2.5 2.5	Concerne in V. A. h. and seems
(10) Clean clothes, hair restraints	1	3	Poster to
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621;			
.2622; .2632(b)]	_		and the second second
11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided	5	2.5	Brut til Co K die Colde
AZ) Approved utensil-washing lacilities of sufficient size, with accurate	3	(1.5)	O 163. 27.12 13. 23. 172. 3 - 172. 13.
thermometers and test kits available and used (13) Food contacts urfaces clean and the good repair		-	Baile and and and and dear
14. Food service equipment NST of equal, utensils approved	3	(1.5)	3
 Air-drying storing and handling of clean equipment and utensils 	3	1.5	2
16. Single service articles properly stored and handled (17.) Non-food contact surfaces clean and in good repair	2 2	198	(hattan al Coolers realiza
		الت	- de la constante de la consta
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under	5	2.5	
pressure, meets temperature requirements			
19 No cross-connections or other potential sources of contamination	5	2.5	
L. ATORY AND TOILET FACILITIES [.2609(c); .2624; .2625]	4	,	
20. Approved, accessible, in good repair (21.) Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet,	2	Ť	(a) told and champ
soap, towels, dryer, signs		المسادية	
WASTE DISPOSAL [.2612; .2613; .2626]			
22. Wastewater discharged into approved, properly operating wastewater	5	2.5	
treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities	2	1	
provided or contract maintained for cleaning		- 1	
ANIMALS AND PEST CONTROL [.2610; 2629; .2633]			
24. Animal or pests presence	4	2	
Doors self-closing where required; all windows screened Pests breeding places or rodent harborages	2 1	.5	70 list
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628]			(23) Almos washer equipment washes
27. Properly constructed	2	. 1	- Clares
28.) Clean, maintained in good repair	1	3	
LIGHTING AND VENTILATION [.2630; .2631]		1	(2) 1 that a was a way a made
29. Meets illumination requirements; shielded 30. Ventilation clean, in good repair	Y.	.5	· Oloverno
and the same of th			
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked	5	2.5	24 4 4 1 1
32. Outside premises clean and storage spaces clean	1	2.5	the stange from read rice
33. Not used for domestic purposes	1	.5	eld opipined polario d out
34. Linen properly handled, stored TOTAL DEDUCTIONS	-	72	
Inspection Conducted by:	- d	— El	HS I.D. # 1501. Comment Sheet Attached
DENR 4007 (Revised 9/98)	- W		
Environmental Health Services Section (Review 4/01) Signature of Report Recipient		1 7 8.5	iah Yes ₩ No

Score: + + (2806(b)) = N.C. Department of Environment of Environme			Resources	Current Identification Number
Health Department Status Code: OTHER FOODHANDLING	Old ID Number (if status I or T)			
Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment:		nly	sample taken today? Name Change Inspection	Date of Inspection or Change Yes No Re-Inspection Verification of Closure
Street Address: 11970 / 5 336 King	Ma	iling Ac	ddress	
City: Sand Pine State: NC Zip: 387777 FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	Pu	y:iuction ll/half cle One) 2.5	Comments	State: Zip:
FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] 2. Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation 3. Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage 4. Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates 7. Dry foods stored properly and labeled accordingly		2.5 2.5 2.5 1.5 .5		
PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	5 5 1	2.5 2.5 .5		
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair	5	2.5 1.5 1.5 1.5 1		
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 1 No cross-connections or other potential sources of contamination	5	2.5		
LAVATORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs	4 2	2 1		
WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	5 2	2.5		
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages	4 2 1	2 1 .5		
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] 27. Properly constructed 28. Clean, maintained in good repair	2 1	1 .5		
LIGHTING AND VENTILATION [.2630; .2631] 29. Meets illumination requirements; shielded 30. Ventilation clean, in good repair	1 1	.5		
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored	5 1 1 1	2.5 .5 .5		
Inspection Conducted by: DENR 4007 (Revised 9/98) Environmental Health Servicus Societion (Review 4/01) Signature of Report Recibient		EP	1SI.D.# <u>P7417</u>	2 Comment Sheet Attached Yes No

FROM :LLOYD HISE AII FAX	K NU. :828 /6	55 73	194	May. 30	2002 05:11F	M P27
Health Department INSPEC	rtment of Environment Division of Environment TION OF REDDHANDLING	mental ESTA	Healt.	h	G G G Num	atification Number
Water Supply: Community 2 Transient Non-Community 3 Non-Transient Non-Community 4. Wastewater System: Community 2 On-Site Systems	Non-Public Water		ly	er sample taken today? Name Change Inspection	Yes Rc-Ins	Ection or Change No spection cation of Closure
Name of Establishment: [4] eTT Seglim Street Address: 11968 Space Directles	Men ster	Mai	ling A	Permittee:Address ant):	- 15	
City: Spring Dane State: NC Zip:	16777		: uction Vhalf	Comments	State:	_ Zip:
 FOOD SOURCES [.2608; .2612; .2615; .2622] Food from approved sources, no spoilage, adulteration, FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2612 Potentially hazardous food meets temperature and/or the during storage, preparation, display, service and transposition of the storage, preparation, display, service and transposition of the storage of the storage of the storage of the service of the storage of th	14; .2622; .2632] time requirements ortation isplayed, scrved,	5	2.5 2.5 2.5			
5. Thermometers provided, accurate, available ppropriate written notice of clean plates proposed for properly and labeled accordingly PERSONNEL [.2609(c); .2616] Personnel with infections or communicable diseases restre Proper handwashing, good hygienic practices	icted	5 5	2.5 1.5 .5 1 2.5 2.5			5-2
 Clean clothes, hair restraints EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .26.262; .2632(b)] Food contact surfaces cleaned and sanitized by approved mesolution provided Approved utensil-washing facilities of sufficient size thermometers and test kits available and used Food contact surfaces clean and in good repair Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils surfaces clean and in good repair Non-food contact surfaces clean and in good repair WATER SUPPLY [.2618; .2623] Source in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18A .1700; Hot and contact in accordance with 15A NCAC 18	ethods, sanitizing	5 3 3 2 3 2 2 5	2.5 1.5 1.5 1.5 2.5	Backs woods a	trial for	deshes
pressure, meets temperature requirements 19. To cross-connections or other potential sources of contamination of the potential sources of the pressure of the pressur	ination 25]		2.5			
 VASTE DISPOSAL [.2612; .2613; .2626] Wastewater discharged into approved, properly operat treatment and disposal system Garbage cans, containerized systems properly maintained, of provided or contract maintained for cleaning 	•		2.5			
NIMALS AND PEST CONTROL [.2610; 2629; .2633] 4. Animal or pests presence 5. Doors self-closing where required; all windows screened 6. Pests breeding places or rodent harborages		4 2 1	2 1 .5			
LOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .262 Properly constructed Clean, maintained in good repair	28]		3	El Ilone de	an tiles	malagod
[GHTING AND VENTILATION [.2630; .2631] Meets illumination requirements; shielded Ventilation clean, in good repair		1 (3	30 Vanta over	gnill area	
	EDUCTIONS 4		ار براها الراها	in Vetter more	That He	17:000
pection Conducted by: IR 4007 (Revised 9/98) Ironmental Health Services Section (Review 4/01) Signature of Report Recipier	11 (1)	Ĺ	/ / 	HS I.D. # 1726		Sheet Attached Yes 🔀 No

Score: (12606(b)) = Final Score Health Department Health Department OTHER FOODHANDLING	ANT OR RLISHMENT Current Identification Number Old ID Number (if status I or T)	
Water Supply: E Community 2 Transient Non-Community Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System Name of Establishment:	Wate Supply Mailing A	Date of Inspection or Change er sample taken today? Name Change Re-Inspection Verification of Closure Permittee: Address
Street Address: 11961 5226 Harry	(if differe	nt):
City: State: NC Zip: 25(7777 FOOD SOURCES [2608; 2612; 2615; 2622]	City:	State: Zip:
 Food from approved sources, no spoilage, adulteration, contamination FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available ppropriate written notice of clean plates 	5 2.5 5 2.5 3 1.5 1 .5	
7. Dry foods stored properly and labeled accordingly PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	2 J 5 2.5 5 2.5 1 .5	***************************************
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. cross-connections or other potential sources of contamination	5 2.5 3 1.5 3 (1.5) 2 1 3 1.5 2 1 2 1	The opense and allowers
 I.AvaTORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs 	4 2 2 1	
WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	5 2.5 2 1	
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages	4 2 2 1 1 .5	
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed Clean, maintained in good repair	2 <u>1</u> 1 <u>3</u>	Manie rombers charing
LIGHTING AND VENTILATION [.2630; .2631] Meets illumination requirements; shielded Orange Ventilation clean, in good repair	1 .5 1 .5	@ Want margillono chand
TOTAL DEDUCTIONS STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] L. Toxic substances properly stored and marked (2.) Outside premises clean and storage spaces clean (3.) Not used for domestic purposes (4.) Linen properly handled, stored	5 2.5 1 (5) 1 .5	Air down
Inspection Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: Conducted by: C	1	Comment Sheet Attached Yes You

_	N.C. Department of Environment	N bne 1	 latural	Resources		_
•	Score: N.C. Department of Environment Division of Environment INSPECTION OF RES	ichtal H	dealth		Old ID Number (if status for T)	7
	Status Code: OTHER FOODHANDLING			BLISHMENT	Date of Inspection or Change	_
	Water Supply: Transient Non-Community Non-Transient Non-Community Mon-Public Water Supply: 4 Non-Public Water Supply: 4 Non-Pub			r sample taken today?	Ycs No	
	Wastewater System: Community 2 On-Site System			Inspection	Verification of Closure	
	Name of Establishment:	Maili	ing A	Permittee:	King	
	Street Address: 119615 226 Mary	(if di	fferer	ıt):		=
	City: State: NC Zip: State: NC Zip:	City:			State: Zip:	_
	•	Pull/ (Circle	half	Comments		
	FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	5	2.5		A HAMBE AND AND	
	FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] (2). Potentially hazardous food meets temperature and/or time requirements	5	2.5	Optile of 1	Int Cont 1 of of 1	4
	during storage, preparation, display, service and transportation 3. Food stored, thawed, prepared, cooked, handled, displayed, served,		2.5		157	_
	transported to prevent contamination, adulteration, spoilage	5	2.5			_
	Thermometers provided, accurate, available	3	1.5		11 10 . 6	W.
	Appropriate written notice of clean plates You Dry foods stored properly and labeled accordingly	2	Ť		4 120 - Plan - 12 - Plane	2
70	PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted	5	2.5			_
	9. Proper handwashing, good hygienic practices	<u>Š</u>	2.5			_
	10. Clean clothes, hair restraints	1	.5		700	_
	EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)]	_			4	_
	11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided	5	2.5			<u>.</u>
	 Approved utensil-washing facilities of sufficient size, with accurate theirnometers and test kits available and used 	3	1.5			-
	13 Food contact surfaces clean and in good repair	3	1.5			•
	 Food service equipment NSF or equal, utensils approved Air-drying, storage and handling of clean equipment and utensils 	3	1.5			_
	16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair	2	1		- CHOLASTIN AND	-
,	WATER STIPPT V [2618: 2623]	_	2.5			7
	18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements					
1	lo cross-connections or other potential sources of contamination	5	2.5			-
-	LAVATORY AND TOTLET FACILITIES [.2609(c); .2624, .2625] 20. Approved, accessible, in good repair	4	2	- :-		•
2	 Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs 	2	1			
1	WASTE DISPOSAL [2612: 2613: 2626]	_				-
	 Wastewater discharged into approved, properly operating wastewater treatment and disposal system 	5	2.5			eri eri
2	 Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	2	1	· · · · · · · · · · · · · · · · · · ·		
A	NIMALS AND PEST CONTROL [.2610; 2629; .2633]	4	,			1
2	Animal or pests presence Doors self-closing where required; all windows screened	4	1		A	•
2	6. Pests breeding places or rodent harborages	1	.5	97.00		
2	LOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Z. Properly constructed	2	1	Marca all	i all area	
2	8) Clean, maintained in good repair	1	5	<u> </u>		
2	IGHTING AND VENTILATION [.2630; .2631] 9. Meets illumination requirements; shielded	1	5			
3	O. Ventilation clean, in good repair	1	(2)	Bolling to march	upon ist and allow	1
3	TORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 1. Toxic substances properly stored and marked	5	2.5			
3	Outside premises clean and storage spaces clean Not used for domestic purposes	1	.5 .5	Cont 1 Stine		5
3	4. Linen properly handled, stored	1 سے ہی	5	A Property		ď
Īτ	spection Conducted by:		<u></u>	ÄRS L.D. # <u>+ 70 i-</u>	Comment Sheet Attached	
	ENR 4007 (Revised 9/98) Signature of Report Recipient	. 4	A.	ruk.	Yes 🗹 No	

FRUIT - LLUTY HISE HII FHX NO. 1828 (53 7134 P30 2002 03.13PH P30
Score: N.C. Department of Environment	rental Health STAURANT OR Current Identification Number Old ID Number (if status for T)
Status Code: OTHER FOODHANDLING Water Supply: Community 2 Transient Non-Community	Water sample taken today? Yes You No
3 Non-Transient Non-Community 4 Non-Public Water Wastewater System: Community 2 On-Site System	Supply Name Change Re-Inspection Inspection Verification of Closure
Name of Establishment: Utenders Light Africa House Street Address: 110 in i < 2310 House	Permittee: Nailing Address (if different):
City: Spanner D. State: NC Zip: 2027 7 FOOD SOURCES [2608; 2612; 2615; 2622]	City: State: Zip:
1. Food from approved sources, no spoilage, adulteration, contamination	5 2.5
FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] 2. Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation 3. Food stored, thawed, prepared, cooked, handled, displayed, served,	
transported to prevent contamination, adulteration, spoilage 4. Food not re-served 5. Thermometers provided, accurate, available	5 2.5 3 1.5
f 'opropriate written notice of clean plates y foods stored properly and labeled accordingly	1 .5
PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygicnic practices 10. Clean clothes, hair restraints	5 2.5 5 2.5 1 .5
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing	5 2.5
solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved	3 1.5 3 1.5 2 1
15. Air-drying, storage and handling of clean equipment and utensils Single service articles properly stored and handled Non-food contact surfaces clean and in good repair	2 15 mosert cooler Dida alean, backs
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements	5 2.5
19. No cross-connections or other potential sources of contamination LA ORY AND TOILET FACILITIES [.2609(c); .2624; .2625]	5 2.5
Approved, accessible, in good repair Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs	2 2 Dente of botherous, 800
treatment and disposal system	5 2.5
 Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	2 1
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened	4 2 2 1 1 1 .5
26. Pests breeding places or rodent harborages FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] 7. Properly constructed 8) Clean, maintained in good repair	2 1 Below and reprinter in
JIGHTING AND VENTILATION [,2630; ,2631] 9: Meets illumination requirements; shielded	1 5 En Venta alean - house goill and
TORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 1. Toxic substances properly stored and marked 2. Outside premises clean and storage spaces clean 3. Not used for domestic purposes 4. Linen properly handled, stored	Storag francisco mat
Ispection Conducted by TOTAL DEDUCTIONS Services 9/78) Vironmental Health Services Section (Review 4/01) Signature of Report Recipient	EHS I.D. # 173 (a Comment Sheet Attached Yes V No

FROM :LLOYD HISE ATT FAX NO. :828 76	5 7194 May, 30 2002 05:14PM P31
Secure Prinal Score Health Department Status Code: N.C. Department of Environment Division of Environment INSPECTION OF RE OTHER FOODHANDLIN	Current Identification Number CSTAURANT OR GESTABLISHMENT Current Identification Number Current
Water Supply: Community 2 Transient Non-Community 61 3 Non-Transient Non-Community 4 Non-Public Water	Water sample taken today? Yes No
Wastewater System: 1 Community 2 On-Site System Name of Establishment:	Inspection Verification of Closure Permittee:
Street Address: 11961 S. 201 Alexand	Mailing Address (if different):
City: State: NC Zip: 19777 FOOD SOURCES 1.2608; .2612; .2615; .26221	City: State: Zip: Deduction Full/half (Circle One)
 Food from approved sources, no spoilage, adulteration, contamination FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage Food not re-served Thermometers provided, accurate, available Appropriate written notice of clean plates Dry foods stored properly and labeled accordingly 	THE WILLIAM STREET, ST
PERSONNEL [.2609(c); 2616] 8. Personnel with infections or communicable diseases restricted 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	5 2.5 5 2.5 1 .5 /****
 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided 12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair 	
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 19. No cross-connections or other potential sources of contamination	5 2.5 5 2.5
1 ATORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs	2 0 50 Portlema Come floore in good
 WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating wastewater treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning 	5 2.5 2 1
ANIMALS AND PEST CONTROL [.2610, 2629, .2633] 24. Animal or pests presence 25. Doors self-closing where required; all windows screened 26. Pests breeding places or rodent harborages	4 2 2 1 1 .5
FLOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] 27. Properly constructed 28. Clean, maintained in good repair	2 De Bour Chan in little age
	1 .s 1 .s
STORAGE SPACES AND OTHER [.2620(d); .2632; .2633] 31. Toxic substances properly stored and marked 32. Outside premises clean and storage spaces clean 33. Not used for domestic purposes 34. Linen properly handled, stored	5 25 Distance med by the section of the consent
Inspection Conducted by: DENR 4007 (Revised 9/98) Environmental Health Services Section (Review 4/01) Signature of Report Recipient	Comment Sheet Attached Yes No

FRUIT - LLUTD HISE HII FHX NO	U. 1828 16	5 (.	154	11ag, 30 2002 03:13PN P32
A Tal Maria Final Score Di	nent of Environment of Environ of Environ ION OF REPORTED IN THE PROPERTY OF T	menta EST	al Healt 'AUR	ANT OR
Water Supply: M Community 2 Transient Non-Community			Wate	Date of Inspection or Change ar sample taken today? Yes No Name Change Re-Inspection
Wastewater System: Community 2 On-Site System Name of Establishment: Western				Inspection Verification of Closus
Street Address: 11961 5 826 Huss		Ma (if	ailing A differe	Address nt);
City: State: NC Zip: 2 FOOD SOURCES [.2608; .2612; .2615; .2622]	5777	De	y: duction ill/half	Comments
1. Food from approved sources, no spoilage, adulteration, con FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614;		(Cir	cle Onc) 2.5	
 Fotentially nazardous food meets temperature and/or time during storage, preparation, display, service and transporta Food stored, thawed, prepared, cooked, handled, display transported to prevent contamination, adulteration, spoilage Food not re-served 	e requirements ation		2.5 2.5 2.5	
 Thermometers provided, accurate, available Appropriate written notice of clean plates Ory foods stored properly and labeled accordingly 		3 1 2	1.5 .5	
PERSONNEL [.2609(c); .2616] 8. Personnel with infections or communicable diseases restricte 9. Proper handwashing, good hygienic practices 10. Clean clothes, hair restraints	e d	5 5 1	2.5 2.5	
 EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2622; .2632(b)] 11. Food contact surfaces cleaned and sanitized by approved methor solution provided 12. Approved utensil-washing facilities of sufficient size, withermometers and test kits available and used 13. Food contact surfaces clean and in good repair 14. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 17. Non-food contact surfaces clean and in good repair 	ods, sanitizing		2.5 1.5 1.5 1.5 1.5	(7) microwane clean bos at mea
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold pressure, meets temperature requirements 19. No cross-connections or other potential sources of contaminations.		5	2.5	cooler in Kitchen
 LA. FORY AND TOILET FACILITIES [.2609(c); .2624; .2625] 20. Approved, accessible, in good repair 21. Toilet rooms with self-closing doors, fixtures and rooms clean, m soap, towels, dryer, signs 		4 2	2 1	
WASTE DISPOSAL [.2612; .2613; .2626] 22. Wastewater discharged into approved, properly operating treatment and disposal system 23. Garbage cans, containerized systems properly maintained, cleaning provided or contract maintained for cleaning		5 2	2.5	
ANIMALS AND PEST CONTROL [.2610; 2629; .2633] 4. Animal or posts presence 5. Doors self-closing where required; all windows screened 6. Pests breeding places or rodent harborages	4 2 1	4 2	2 1 .5	
LOORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed Clean, maintained in good repair	. 2	:	a	miles in good upon in all
9. Meets illumination requirements; shielded 2. Ventilation clean, in good repair	1 1		.5	Aflores com u all areas
I Toxic substances properly stored and marked Outside premises clean and storage spaces clean Not used for domestic purposes Linen properly handled, stored	5 1 1	7	.5 .5 .5 .5	
Spection Conducted by: NR 4007 (Revised 9/98) Troumental Health Services Section (Review 4/RI) Signature of Report Recipient	f W.	SI IL	A ATHE	S.D. # 17216 Comment Sheet Attached

Score: 7.5 + 7.5 Final Score Health Department Status Code: OTHER FOODHANDLIN Water Supply: Community	menta EST IG E	al Healti 'AUR ESTA Wate	ANT OR BLISHMENT Presumple taken today? Name Change Inspection	Old II Date o	nt Identification Number Number (if status I or I I I I I I I I I I I I I I I I I I I
Name of Establishment: Western Australian Street Address: 11961 S 226 Hair	M	ailing A	Permittee: Drace	France,	
^	(11	аптеге	nt):		
City: April 8 State: NC Zip: 28707	De	y;	I a t.	State	e: Zip:
FOOD SOURCES [.2608; .2612; .2615; .2622] 1. Food from approved sources, no spoilage, adulteration, contamination	Fi (Cir 5	ull/half 'cle One) 2.5		6,	
FOOD PROTECTION [.2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632] 2. Potentially hazardous food meets temperature and/or time requirements	s 5				
during storage, preparation, display, service and transportation 3. Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage		2.5			
Food not re-served Thermometers provided, accurate, available	5	2.5 1.5			
Appropriate written notice of clean plates Ory foods stored properly and labeled accordingly	1 2	.5			
PERSONNEL [.2609(v); .2616] 8. Personnel with infections or communicable diseases restricted	5	2.5			
Proper handwashing, good hygienic practices Clean clothes, hair restraints	5	2.5		- N.S	-
EQUIPMENT AND UTENSILS [.2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622; .2632(b)]					
 Food contact surfaces cleaned and sanitized by approved methods, sanitizing solution provided Approved utensil-washing facilities of sufficient size, with accurate 	5	2.5 1.5		T)	
Food contact surfaces clean and in good repair	.3	1.5			
 74. Food service equipment NSF or equal, utensils approved 15. Air-drying, storage and handling of clean equipment and utensils 16. Single service articles properly stored and handled 	3	1 1.5			
17: Non-food contact surfaces clean and in good repair	2	O	(7) wooden Tage	s to m	ead conten
WATER SUPPLY [.2618; .2623] 18. Source in accordance with 15A NCAC 18A .1700; Hot and cold water under pressure, meets temperature requirements 9. No cross-connections or other potential sources of contamination	5	2.5		79.3	
TORY AND TOILET FACILITIES [.2609(c); .2624; .2625] O. Approved, accessible, in good repair					
 Toilet rooms with self-closing doors, fixtures and rooms clean, mixing faucet, soap, towels, dryer, signs 	2	1			
VASTE DISPOSAL [.2612; .2613; .2626] 2. Wastewater discharged into approved, properly operating wastewater	5	2.5			
Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning		1			
NIMALS AND PEST CONTROL [.2610: 2629, 2633]					
Posts breeding plane or reduced; all windows screened	4 2 1	1			
OORS, WALLS AND CEILINGS [.2613; .2624(a); .2627; .2628] Properly constructed Clean, maintained in good repair	2 1	.5 Ci	Of Phone Republic	ly noment	- Character Control of the Control o
GHTING AND VENTILATION [.2630; .2631] Meets illumination requirements; shielded Ventilation clean, in good repair		.5 _	V	MAN JAN 1	nd anian
ORAGE SPACES AND OTHER [.2620(d); .2632; .2633] Toxic substances properly stored and marked Outside premises clean and storage spaces clean Not used for domestic purposes Linen properly handled, stored		1.5 = .5 .5 = .5			
	5	//- /ens	SID.#_1726	Comm	nent Sheet Attached

FOR IMMEDIATE RELEASE

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 6, 2002

Salmonella Investigation is Complete -Update 5/6/02

Property of the second

The investigation of the Salmonella outbreak in Spruce Pine is complete. Health officials have worked hard to control the outbreak and to assemble and organize all data to pinpoint the source of the outbreak.

The Health Departments in the Toe River Health District carried out food surveys from people who ate at a specific local restaurant between the dates of April 18 and April 30. The purpose of the food surveys was to obtain a list of each item that was eaten and a list of symptoms from those who were ill. The data was analyzed and several food items were implicated as the source of the outbreak.

Over the course of the investigation, there were 369 people who reported illness that may have been linked to the outbreak. Of those who reported symptoms, 39 people had a lab-confirmed case of Salmonellosis. Data was also collected from 252 people who did not experience any symptoms, but ate at the local restaurant between the dates indicated.

The foods that were implicated in the outbreak, in no particular order, include beef gravy, roast beef, salad bar eggs, fresh strawberries, salad bar ham, and roast beef gravy. This does not suggest that anyone who ate those items should have Salmonella. It simply means that according to the data that was analyzed, those food items are the common link between people who were sick and were diagnosed with Salmonellosis.

Western Sizzlin Steakhouse on Highway 226 in Spruce Pine has been very cooperative during the investigation. The restaurant is scheduled to re-open to the public on Tuesday, May 7.

Foods that are contaminated with Salmonella bacteria are the most common way to become sick with Salmonellosis. This was an evident case of cross-contamination of foods. Cross-contamination of foods can be avoided by following some basic steps: uncooked meats should be kept separate from produce, cooked foods, and ready-to-eat foods. Cutting boards, knives, and other utensils should be washed thoroughly after handling uncooked foods. Hands should be washed before handling any food, and between handling different food items. Towels and sponges should be sterilized completely before re-using.

Though symptoms may no longer appear, the Salmonella bacteria can continue to spread for up to two weeks. Therefore, daycare centers should be alert to children who had symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms such as be cohorted or avoid attending daycare. Cohorting involves separating sick children from healthy children into separate rooms.

Health officials strongly urge everyone to continue following the basic hygiene practices such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. These precautions are very important to prevent the bacteria from spreading

Toe River Health District

861 Greenwood Road Spruce Pine, NC 28777 828-765-2239

URGENT

Please distribute this release to every child care provider in your facility

Contact Information:

Tom Singleton, Health Director Toe River Health District 828-765-2239 Ext. 16

May 2, 2002

Salmonella Outbreak - Update 5/2/02

An ongoing investigation of Salmonellosis is being conducted in Spruce Pine, North Carolina. No source has yet been identified and the investigation will continue until completed. The Western Sizzlin Steakhouse on Hwy 226 in the Grassy Creek Shopping Center in Spruce Pine has voluntarily closed and is cooperating fully on the outbreak.

Salmonellosis is an infection with a bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 6 to 72 hours after infection. The illness usually lasts 4 to 7 days. However, the diarrhea can be severe, and the person may be ill enough to require hospital treatment.

Please be alert to children who have symptoms such as diarrhea, vomiting, or fever. Any child who possesses these signs and symptoms should either be cohorted or avoid attending daycare, as Salmonella can quickly spread in this environment.

Each childcare facility has the option of cohorting, which involves separating sick children from healthy children into separate rooms. If your facility would like to set up a room for sick children, please call your local health department and an Environmental Health Specialist will assist you with the procedures.

Please continue to follow basic hygiene principles such as immediately washing hands: after using the bathroom, helping a child use the bathroom, or changing a diaper. Hands should also be washed before preparing and eating food. Further, in accordance with health guidelines, please remember to use sanitizing solution and test strips when changing a diaper. These precautions are very important so that the bacteria are not spread.

Salmonella may be found in feces, especially those with diarrhea, and people can become infected if they do not wash their hands after contact with these feces.

Salmonella are usually transmitted to humans by eating contaminated foods, which usually look and smell normal. Contaminated foods are usually of animal origin, such as beef, poultry, milk, or eggs. But all foods, including vegetables may become contaminated if not properly washed. Foods may also become contaminated by the unwashed hands of an infected food handler who forgot to wash his or her hands with soap after using the bathroom.

There is no vaccine to prevent Salmonellosis, but there are steps you can take to reduce your chances of becoming infected with the bacteria. Cook poultry, ground beef, and eggs thoroughly before eating. Stay away from eating or drinking foods that contain raw eggs, or unpasteurized milk. Raw eggs may be not be recognized in some foods such as hollandaise sauce, Caesar dressings, homemade ice cream, cookie dough, and frostings. Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry. Produce should be thoroughly washed before handling any food, and between handling different food items. Be very careful with foods prepared for infants, the elderly, and those with compromised immune systems. Wash hands with soap after handling reptiles or birds, or after contact with pet feces.

Many different kinds of illnesses can cause the same symptoms as Salmonellosis. Determining that Salmonella is the cause of the illness depends on laboratory tests. Once Salmonella has been identified, a health care provider will determine the proper course of treatment.

It is very important that anyone - whether feeling sick or not -who ate at Western Sizzlin Steakhouse between the dates of April 18th and April 30th, call one of the following numbers between the hours of 9:00 a.m. to 3:30 p.m.

toll free:

1-800-244-4695

local:

733-1821

Toe River Health District Salmonella heidelberg Outbreak April 18 - April 30th 2002

Preliminary Report

To: Tom Singleton, Health Director From Pam Jenkins, Nurse Epidemiologist, DHHS

Introduction: Mr. Tom Singleton was alerted by hospital healthcare providers on Thursday (4/25/02) that they were seeing an unusually large number of ill people with Gastrointestinal (GI) symptoms. They suspected a foodborne disease. On Friday (4/26) the Mitchell County Health Department's (HD) Nursing Supervisor received notice of a positive Salmonella species stool culture on one patient and learned of five hospitalized patients with presumptive diagnosis. Upon further investigation she discovered that the common link appeared to be eating at the Western Sizzlin in Spruce Pines, NC. By the end of Friday, she knew of a couple of confirmed cases and approximately 7 that were pending confirmation. During this time period, the District's Health Director was conferring with the Acting Head of the State's Communicable Disease Control Branch, Dr. Newt MacCormack. The number of case grew over the weekend and by Monday afternoon it was apparent that the outbreak was continuing and was linked to the Western Sizzlin. The manager of the restaurant, Mr. Darren King, voluntarily closed the restaurant until an epidemiological study could be conducted. On Tucsday, Dr. Parn Jenkins, Foodborne Disease Nurse Epidemiologist was sent from the State Health Department to assist the Toe River Health District (Mitchell, Yancey, Avery Counties) in the investigation.

Methodology

Epidemiological Study

A Case-control study was instituted on Tuesday, April 30, 2002. A case was defined as any individual having nausea, vomiting and/or 3 or more diarrheal (loose) stools per day and who ate at the Western Sizzlin in Spruce Pine between the dates of April 18-30, 2002. All three HDs of the Toe River Health District conducted interviews on cases and controls using a standardized survey. Controls were those people who ate at the restaurant between April 18-30, 2002 and were not symptomatic. A 1-800 number hotline was set up on Wednesday and manned during regular working hours and on Saturday, May 4, 2002. On Tuesday (4/30/02) a media point person was identified and daily press releases were done to keep the public informed about the progress of the investigation.

Environmental Investigation:

On Friday (4/26/02), the Health Director and one of the Environmental Health (EH) personnel from the Mitchell County HD inspected the restaurant. Deficiencies were noted. On Monday, the EH team collected food samples from an individual patron who had taken food home. The food collected for sampling included: hamburger steak with gravy; fried chicken; hamburger steak without gravy; and ham (which was under the hamburger steak without gravy). These specimens were sent to the State Laboratory for Public Health (SLPH) for analysis. The Health Director, EH Supervisor and Regional EH Supervisor visited the restaurant and asked the manager to voluntarily close the restaurant pending

FROM :LLOYD HISE ATT

the results of the epidemiological study. The manager, Darren King, closed his restaurant around 3-4pm Monday 4/27/02.

On Tuesday EH obtained the following samples from the restaurant: 1) water from the tap in the kitchen; 2) water from the waitress serve station; 3) leftover prepared mashed potatoes and gravy from the restaurant and 4) unopened packages of dried mashed potatoes and gravy. These were also send to the SLPH. On Wednesday (May 1,2002), samples of ice from the bottom of the large ice chest in the kitchen area were obtained. The restaurant was toured by EH from Mitchell County HD and Pam Jenkins from the State HD.

Laboratory

Stool specimens were collected on as many of the cases as possible. All three health departments collected the specimens. In addition, specimens were collected by the Spruce Pines Community Hospital, local hospitals and private doctor's offices. Collected specimens were sent to the SLPH for serotyping.

Results

Epidemiological Study

The following are the results of the epidemiology study:

Population at risk (includes those who ate at Western Sizzlin from 4/18 - 4/29)

Buffet Only	3004
Salad w/entree	658
Salad only	501
Entree	<u>4163</u>
Total	7151

Number of Calls received at HDs (rough approximate): 931 - many represented groups of individuals. Many calls were not logged in but handled at the time of the call. The actual number of calls received by all 3 HDs may be larger than represented here.

Number of surveys conducted: 369 cases and 252 controls.

Number of surveys analyzed: 72 cases and 54 controls. (While it is ideal to have a case/control ratio of 1 to 2, the strength of the data allows for preliminary results to be given based on what has been entered. Further data entry will occur at the state level and all information will be forwarded to the Toe River Health District.)

The following are the results of the analysis of the surveys:

Males 58 (28 controls, 30 cases) Females 68 (26 controls, 42 cases)

Symptoms: 81% had cramps

23% had sinus problems 62% had non-bloody diarrhea FROM : LLOYD HISE ATT

51% had fever 65% had nausea 13% had a cough 84.5% had watery diarrhea

Hospitalized: 13%

Food items that are implicated in the outbreak are:

Item	OR	CI	0/ 0000
Beef Gravy	7.69	1.55 - 51.86	% cases who remembered eating
Roast Beef	13.22	1.69 - 283.8	23.5% (16/68) 21% (14/68)
Salad Bar Eggs Fresh Strawberries	9.57 5.79	2.00 - undefined 1.14 - 39.74	19.3% (11/57)*
Salad Bar Ham	7.34	1.49 - undefined	19.1% (13/68) 15.5% (9/58)*
Aujus Gravy Roast Beef Gravy	8.62 8.97	1.05 - 189.38. 1.88 - undefined	15% (10/68) 14.7% (10/68)*
* None of well ate			14.770 (10/08)*
One item was found to	be protective		
Yogurt Toppings	0.14	0.02 < OR < 0.78	17% (9/52) of controls

Two asymptomatic employees of the restaurant were found to be infected with Salmonella. Lengthy interviews with the two employees were conducted. Both individuals ate at the restaurant. It can not be determine whether they got their infection from eating at the restaurant or infected the food at the restaurant. The serotypes of cultures form the two asymptomatic restaurant workers has been identified as Salmonella heidelberg.

Result

Environmental Results:

The following is the results of the food samples sent to the SLPH:

Items from an individual's home

Hamburger steak with gravy Hamburger steak without gravy Fried Chicken Ham	Positive for S. heidelberg Negative Positive for S. heidelberg Positive for S. heidelberg
Items from Restaurant Applicator stick marked "gravy" Leftover prepared gravy Leftover prepared mashed potatoes Unopened dry mash potatoes Unopened dry gravy mix All water samples showed no coliforms. Restaurant employees attended a food sa	Result Positive for S. heidelberg Negative Negative Negative Negative Negative Testing for S. heidelberg could not be done.

Laboratory Results

The Toe River Health District collected a total of 88 specimens. Of those, 39 have been confirmed Salmonella. More results from private doctor's offices, local hospitals and form SLPH are pending. The serotypes from the two asymptomatic restaurant workers has been identified as Salmonella heidelberg.

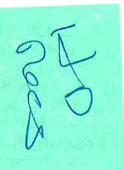
Plan of Action:

- 1. The investigation of the S. heidelburg outbreak at the Western Sizzlin is completed. The data collected is large enough to allow for extensive analysis. No further surveys should be collected.
- 2. Stool cultures of symptomatic individuals should be collected at the discretion of healthcare providers. As laboratory results are returned from the SLPH and from various private practice offices and local hospitals, they will be added to the database.
- 3. The Environmental Section and the District Health Director will determine when the restaurant reopens. Although the restaurant has been thoroughly sanitized, close surveillance may need to be continued for a period of time to ensure the outbreak does not start again.
- 4. Further data entry and analysis will continue at the State HD and all data will be given to the Health District. Critical to this component is the constant communication between the Epi Team Leader at the Toe River Health District and the Nurse Epidemiologist at the State HD.
- 5. Once the data set has been cleaned and more surveys analyzed, thought should be given to a joint (State and Health District) publication of the results to MMWR.

MARLER CLAF 4301 Bank of A 701 Fift Seattle, V Telephone: 2

FAX: 206

Web Address: <u>wwv</u> E-Mail: mail@n



To:

MARK C. KURDYS – 828-253-7200

From:

WILLIAM D. MARLER, Marler Clark, LLP, PS

Re:

WESTERN SIZZLIN

Date:

5/30/02

DOCUMENTS TRANSMITTED	NUMBER OF PAGES		
	*		
Toe River Health Dept. Records	36		

Not counting cover sheet. If you do not receive <u>all</u> pages, please contact Patsy immediately at 206-346-1895.

PLEASE ADVISE IF THE ATTACHED DOCUMENTS CONFORM W/LOCAL COURT RULES AND WE WILL FORWARD ORIGINAL DOCUMENTS. ALSO, ADVISE OF ANY CHANGES THAT NEED TO BE MADE.

THANKS.

CONFIDENTIALITY NOTICE

THE INFORMATION IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE RECIPIENT NAMED ABOVE (OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT). IF YOU RECEIVE THIS IN ERROR, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE. WE WILL, OF COURSE, BE HAPPY TO REIMBURSE YOU FOR ANY COSTS.

Transmission Report

Date/Time Local ID Local Name Company Logo 5-30-02; 3:29PM 2063461898 MARLER CLARK MARLER CLARK

This document was confirmed. (reduced sample and details below) Document Size Letter-S

> MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave. Seattle, WA 98102 Telephone: 206-346-1888 FAX: 206-346-1898 Web Address: www.marlerclark.com E-Mail: mail@marlerclark.com

To:

MARK C. KURDYS - 828-253-7200

From:

Date:

WILLIAM D. MARLER, Marier Clark, LLP, PS WESTERN SIZZLIN

5/30/02

NUMBER OF PAGES
36

Not counting cover sheet. If you do not receive all pages, please contact Patry immediately at 206-346-1895.

PLEASE ADVISE IF THE ATTACHED DOCUMENTS CONFORM W/LOCAL COURT RULES AND WE WILL FORWARD ORIGINAL DOCUMENTS. ALSO, ADVISE OF ANY CHANGES THAT NEED TO BE MADE.

THANKS.

THE INFORMATION IN THE PACSONIE MISSAGE IS <u>PRIVIL</u>CED AND CONFIDENTIAL. IT IS INTENDED CALLY FOR THE USE OF THE RECEIPENT, IN YOU RECEIVE THE RESOLVER OR AGENT RESPONSIBLE TO DELLYING IT TO THE INTENDED RECIPENT, IF YOU RECEIVE THE SUPLOYER OR AGENT RESPONSIBLE TO DELLYING IT TO THE INTENDED RECIPENT, IF YOU RECEIVE THE SUPERIOR, YOU ARE HERSEN NOTHING DEATH AND DESTRUCTION, OR COPTING OF THE COMMUNICATION IS STRICTLY FROMEHITED. IF YOU HAVE RECEIVED THIS MESSAGE IN BERIOR, PLEASE NOTBY US BY TELEPHONE INSTITUTIONATION, AND RETURN THE ORIGINAL MISSAGE TO BE AT THE ABOVE ADDRESS VIA U.S. POSTAL RESPUENCE WEIGHT, WE WILL, OF COURSE, BE RAPPY TO RECEIVED BY OUT OF ANY COSTS.

Total Pages Scanned # 37 Total Pages Confirmed: 37

No	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	448	ROBERTS & STEVENS	5-30-02; 3:11PM	17'27"	37/ 37	EC		CP 14.4

Notes :

EC: Error Correct BC: Broadcast Send

CP: Completed HS: Host Scan HF: Host Fax

BF: Resend

MP: Multi-Poll RM: Receive to Memory

HP: Host Print HR: Host Receive PD: Polled by Remote

PG: Polling a Remote DR: Document Removed FO: Forced Output

MB: Receive to Mailbox PI: Power Interruption TM: Terminated by user

WT: Waiting Transfer FM: Forward Mailbox Doc. WS: Waiting Send

Broadcast Report

Date/Time Local ID Local Name Company Logo 5-30-02; 3:31PM 2063461898 MARLER CLARK MARLER CLARK

Document Size Letter-S

MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower Seattle, WA 98102
Telephone: 206-346-1888
FAX: 206-346-1898 Web Address: www.marlerclark.com E-Mail: mail@marlerclark.com

To:

MARK C. KURDYS - 828-253-7200

From:

PAMELA A. TOKARZ - 800-432-4297
PATSY CHANDLER, Marler Clark, LLP, PS

WESTERN SIZZLIN

Date:

DOCUMENTS TRANSMITTED	NUMBER OF PAGES		
SEB BELOW	1		

Not counting cover sheet. If you do not receive all pages, please contact Patsy immediately at 206-346-1895.

PLEASE DISREGARD THE LANGUAGE PRINTED ON THE FAX SHEET THAT WAS ATTACHED TO THE 5/30/02 CLIENT LIST AND TO THE FAX ATTACHED TO THE HEALTH DEPT. RECORDS.

CONFIDENTIALITY NOTICE

ONLY FOR THE USE OF THE RECIPIENT LAW YOU RECEIVE THE MISTORIAL IT IS INTENDED
ONLY FOR THE USE OF THE RECIPIENT LAW YOU RECEIVE THE MISTORY OF A GEAST RESPONSIBLE TO
DELIVER IT TO THE INTENDED RECIPIENT, BY YOU RECEIVE THIS IN ERROR, YOU ARE HERROY NOTITED
THAT ANY DESCRIPTION, OR STREETHING, OR COFFINE OF THIS COMMENCATION IS STREETLY
FROMBITED. BY YOU HAVE RECEIVED THIS MISSAGE IN RESOR, FLANS NOTITY OF BY THEIRPHONE
DAMEDIALTY, AND ENTURN THE ORIGINAL MESSAGE TO USE AT THE AROYA ADDRESS VIA US. FOSTAL
SERVICE, WE WILL, OF COURSE, BE HAPPY TO REIMBURGE YOU FOR ANY COSTS.

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1 2	453 453	ROBERTS & STEVENS 918004324297	5-30-02; 3:29PM 3:30PM		1/ 1	EC EC	BC BC	CP 14.4 CP 14.4

EC: Error Correct BC: Broadcast Send CP: Completed HS: Host Scan HF: Host Fax

RE: Resend
MP: Multi-Poll RE: Resend

PD: Polled by Remote

MP: Multi-Poll

PG: Polling a Remote

RM: Receive to Memory

DR: Document Removed HP: Host Print

HR: Host Receive

MB: Receive to Mallbox PI: Power Interruption TM: Terminated by user WT: Walting Transfer

FO: Forced Output FM: Forward Mailbox Doc. WS: Waiting Send

MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave.

Seattle, WA 98102 Telephone: 206-346-1888 FAX: 206-346-1898

Web Address: www.marlerclark.com
E-Mail: mail@marlerclark.com

FAX NUMBER TRANSMITTED TO: 828-765-9082

To:

THOMAS SINGLETON

From:

ANDREW WEISBECKER, Marler Clark, LLP, PS

Re:

SALMONELLA OUTBREAK

Date:

5/14/02

DOCUMENTS TRANSMITTED	NUMBER OF PAGES ❖
LETTER DATED 5/14/02	2

Not counting cover sheet. If you do not receive <u>all</u> pages, please contact Patsy immediately at 206-346-1895.

CONFIDENTIALITY NOTICE

THE INFORMATION IN THIS FACSIMILE MESSAGE IS <u>PRIVILEGED AND CONFIDENTIAL</u>. IT IS INTENDED ONLY FOR THE USE OF THE RECIPIENT NAMED ABOVE (OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT). IF YOU RECEIVE THIS IN ERROR, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE. WE WILL, OF COURSE, BE HAPPY TO REIMBURSE YOU FOR ANY COSTS.

Transmission Report

Date/Time Local ID Local Name Company Logo 5-14-02; 2:27PM 2063461898 MARLER CLARK MARLER CLARK

This document was confirmed. (reduced sample and details below) Document Size Letter-S

> MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave. Seattle, WA 98102 Telephone: 206-346-1888 FAX: 206-346-1898 Web Address: www.marlerclark.com
> E-Mail: mail@marlerclark.com

FAX NUMBER TRANSMITTED TO: 828-765-9082

To:

THOMAS SINGLETON
ANDREW WEISBECKER, Marier Clark, LLP, PS From:

SALMONELLA OUTBREAK

Date: 5/14/02

DOCUMENTS TRANSMITTED	NUMBER OF PAGES		
LETTER DATED 5/14/02	2		

Not counting cover sheet. If you do not receive all pages, please contact Passy immediately at 206-346-1895.

CONFIDENTIALITY NOTICE

CONFIDENTIALITY NOTICE

CPLY FOR THE USE OF THE RECIPIENT BANGE IS <u>PRIVILEGED AND CONFIDENTIAL</u>. IT IS INTENDED CPLY FOR THE USE OF THE RECIPIENT BANGE AND YOUR THE RECIPIENT BANGE OF THE SERVING OF SERVING

Total Pages Scanned : 3 Total Pages Confirmed : 3

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	968	918287659082	5-14-02; 2:26PM	46"	3/ 3	EC		CP 24.0

Notes :

EC: Error Correct

BC: Broadcast Send

CP: Completed HS: Host Scan

HF: Host Fax

RE: Resend

HP: Host Print HR: Host Receive PD: Polled by Remote

RE: Resend PD: Polled by Remote
MP: Multi-Poll PG: Polling a Remote
RM: Receive to Memory DR: Document Removed

FO: Forced Output

PI: Power Interruption

TM: Terminated by user WT: Walting Transfer

MB: Receive to Mailbox

FM: Forward Mallbox Doc. WS: Waiting Send

MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave. Seattle, WA 98102

Telephone: 206-346-1888 FAX: 206-346-1898

Web Address: www.marlerclark.com
E-Mail: mail@marlerclark.com

FAX NUMBER TRANSMITTED TO: 828-765-9082

To:

TONY CROWDER

From:

ANDREW WEISBECKER, Marler Clark, LLP, PS

Re:

SALMONELLA OUTBREAK

Date:

5/14/02

DOCUMENTS TRANSMITTED	NUMBER OF PAGES ❖		
LETTER DATED 5/14/02	2		

Not counting cover sheet. If you do not receive <u>all</u> pages, please contact Patsy immediately at 206-346-1895.

CONFIDENTIALITY NOTICE

THE INFORMATION IN THIS FACSIMILE MESSAGE IS <u>PRIVILEGED AND CONFIDENTIAL</u>. IT IS INTENDED ONLY FOR THE USE OF THE RECIPIENT NAMED ABOVE (OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT). IF YOU RECEIVE THIS IN ERROR, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE. WE WILL, OF COURSE, BE HAPPY TO REIMBURSE YOU FOR ANY COSTS.

Transmission Report

Date/Time Local ID Local Name Company Logo 5-14-02; 2:26PM 2063461898 MARLER CLARK MARLER CLARK

This document was confirmed. (reduced sample and details below) Document Size Letter-S

> MABLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave. Seattle, WA 98102 Telephone: 206-346-1888 FAX: 206-346-1898 Web Address: www.marlerclark.com E-Mail: mail@marlerclark.com

FAX NUMBER TRANSMITTED TO: 828-765-9082

To:

TONY CROWDER

From:

ANDREW WEISBECKER, Marier Clark, LLP, PS SALMONELLA OUTBREAK

Date:

DOCUMENTS TRANSMITTED	NUMBER OF PAGES		
LETTER DATED 5/14/02	2		

Not counting cover sheet. If you do not receive all pages, please contact Passy immediately at 206-346-1895.

CONTIDENTIALITY NOTICE

CONTIDENTIALITY NOTICE

ONLY FOR THE DESCRIPTION HAVE BEASTMAIR MERIAGE IS PRIVILEDED AND CONTIDENTIAL. IT IS INTENDED ONLY FOR THE DESCRIPTION OF THE REPORT OF THE R

Total Pages Scanned: 3 Total Pages Confirmed: 3

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	966	918287659082	5-14-02; 2:25PM	48"	3/ 3	EC		CP 24.0

Notes :

EC: Error Correct BC: Broadcast Send

CP: Completed

HS: Host Scan HF: Host Fax

RE: Resend

MP: MultI-Poll

HP: Host Print

HR: Host Receive

PD: Polled by Remote

PG: Polling a Remote

RM: Receive to Memory DR: Document Removed FO: Forced Output

MB: Receive to Malibox PI: Power Interruption TM: Terminated by user

WT: Waiting Transfer FM: Forward Mailbox Doc. WS: Waiting Send



ANDREW WEISBECKER WRITER'S DIRECT LINE (206) 346-1888

May 14, 2002

VIA Fax - 828-765-9082

Mr. Tony Crowder Health Inspector Toe River District Health Dept. 861 Greenwood Rd. Spruce Pine, NC 28777

RE: Salmonella Illness Outbreak, April, 2002

Western Sizzlin Steakhouse

Spruce Pine, NC.

FOIA/Public Records Law Records Request

Dear Mr. Crowder:

Our firm represents a number of persons who became severely ill as part of a Salmonella illness outbreak which occurred in late April, 2002. The outbreak has been linked to food served at a Western Sizzlin Steakhouse restaurant in Spruce Pine, Mitchell County, NC. Over 350 persons became ill as part of this outbreak.

This letter is a request for copies of all related and not confidential public records in your possession, pursuant to all applicable freedom of information and public records disclosure acts and regulations. Specifically, we are requesting copies of all public records that relate to the investigation of the Salmonella illness outbreak linked to the Western Sizzlin restaurant in Spruce Pine, NC. We do not seek information protected by privacy statutes, but any such records can and should be redacted to avoid publication of the identity of any affected individual.

While the list below is not intended to be exhaustive, the kinds of public records sought include the following:

- all epidemiological questionnaires, interview notes, and case-control study data (redacted, if necessary);
- food/environmental sample collection reports;

- all lab and test results;
- written communications with any state Departments of Public Health, the FDA, the CDC, and/or other local county health departments or districts;
- all memorandum, announcements, press releases, electronic mail, reports, notes, meeting summaries, or writings of any kind that relate to the outbreak investigation; and
- any final report or memorandum that discusses or summarizes the result of the outbreak investigations.

We are also hereby requesting copies of all health inspections conducted at the Western Sizzlin restaurant during the last five years, as well as copies of any complaints or citations received during that period. We recognize that it may be difficult to provide us with the documents requested above regarding the outbreak before the final report is completed. These regular and routine health inspection reports and records should be readily available, however, and should be produced as soon as possible.

Please mail all related information and documents to the attention of our cocounsel, Lloyd Hise, Jr., at 208 Oak Avenue A, Spruce Pine, NC 28777. We are willing to pay all related reasonable fees and charges, if any.

If you deny any part of this request, please identify the nature of the information not provided, and cite each specific reason that you believe justifies your refusal to release that information. Please also notify me of the appeal procedures available under the law.

Please do not hesitate to telephone me at the Marler Clark telephone number, *i.e.*, (800) 884-9840, if the foregoing requests are unclear or confusing in any way. Otherwise, thank you in advance for your assistance and attention to this matter. We look forward to receiving your prompt response.

With sincere regards,

Andrew Weisbecker

AW:pac

Cc: Lloyd Hise, Jr., Esq.

j:\sizzlin\letter\pc2818.doc



ANDREW WEISBECKER WRITER'S DIRECT LINE (206) 346-1888

May 14, 2002

VIA Fax - 828-765-9082

Mr. Thomas Singleton Acting health Director Toe River District Health Dept. 861 Greenwood Rd. Spruce Pine, NC 28777

RE: Salmonella Illness Outbreak, April, 2002

Western Sizzlin Steakhouse

Spruce Pine, NC.

FOIA/Public Records Law Records Request

Dear Mr. Singleton:

Our firm represents a number of persons who became severely ill as part of a Salmonella illness outbreak which occurred in late April, 2002. The outbreak has been linked to food served at a Western Sizzlin Steakhouse restaurant in Spruce Pine, Mitchell County, NC. Over 350 persons became ill as part of this outbreak.

This letter is a request for copies of all related and not confidential public records in your possession, pursuant to all applicable freedom of information and public records disclosure acts and regulations. Specifically, we are requesting copies of all public records that relate to the investigation of the Salmonella illness outbreak linked to the Western Sizzlin restaurant in Spruce Pine, NC. We do not seek information protected by privacy statutes, but any such records can and should be redacted to avoid publication of the identity of any affected individual.

While the list below is not intended to be exhaustive, the kinds of public records sought include the following:

- all epidemiological questionnaires, interview notes, and case-control study data (redacted, if necessary);
- food/environmental sample collection reports;

- all lab and test results;
- written communications with any state Departments of Public Health, the FDA, the CDC, and/or other local county health departments or districts;
- all memorandum, announcements, press releases, electronic mail, reports, notes, meeting summaries, or writings of any kind that relate to the outbreak investigation; and
- any final report or memorandum that discusses or summarizes the result of the outbreak investigations.

We are also hereby requesting copies of all health inspections conducted at the Western Sizzlin restaurant during the last five years, as well as copies of any complaints or citations received during that period. We recognize that it may be difficult to provide us with the documents requested above regarding the outbreak before the final report is completed. These regular and routine health inspection reports and records should be readily available, however, and should be produced as soon as possible.

Please mail all related information and documents to the attention of our cocounsel, Lloyd Hise, Jr., at 208 Oak Avenue A, Spruce Pine, NC 28777. We are willing to pay all related reasonable fees and charges, if any.

If you deny any part of this request, please identify the nature of the information not provided, and cite each specific reason that you believe justifies your refusal to release that information. Please also notify me of the appeal procedures available under the law.

Please do not hesitate to telephone me at the Marler Clark telephone number, *i.e.*, (800) 884-9840, if the foregoing requests are unclear or confusing in any way. Otherwise, thank you in advance for your assistance and attention to this matter. We look forward to receiving your prompt response.

With sincere regards,

Andrew Weisbecker

AW:pac

Cc: Lloyd Hise, Jr., Esq. j:\sizzlin\letter\pc2817.doc

Transmission Report

Date/Time Local ID Local Name Company Logo 5-14-02; 2:41PM 2063461898 MARLER CLARK MARLER CLARK

This document was not confirmed. (reduced sample and details below) Document Size Letter-S

> MARLER CLARK, L.L.P., P.S. 4301 Bank of America Tower 701 Fifth Ave. Seattle, WA 98102 Telephone: 206-346-1888 FAX: 206-346-1898 Web Address: www.marlerclark.com E-Mail: mail@marlerclark.com

FAX NUMBER TRANSMITTED TO: 828-765-7194

To: From:

LLOYD HISB ANDREW WEISBECKER, Marier Clark, LLP, PS

Re: SALMONELLA OUTBREAK

5/14/1)2 Date:

DOCUMENTS TRANSMITTED			
LETTER®DATED 5/14/02 RE FOIA REQUESTS AND FEE AGREEMENT AND QUESTIONNAIRE OF NICHOLAS D'ALLEVA			
200			

Not counting cover sheet. If you do not receive all pages, please contact Patsy immediately at 206-346-1895.

CONFIDENTIALITY NOTICE

CONFIDENTIALITY NOTICE

CNLY FOR THE USE OF THE BEACKHIE MISSAGE IS FRIVELEDO AND CONSUMENTIAL. IT IS INTEROBLE

CNLY FOR THE USE OF THE BEACKHIEN THE NOT BEACH THE RAVILOUSE OR AGENT RESPONSIBLE TO

DELYRE IT TO THE INTEROBLE RECEIVENT. BY FOUR BECEIVE THE IN READILY, YOU ARE RECEIVE THE INTEROBLE

FRAT ARY DESCRIPTION. OR RETEIR LION, OR COPTION OF THE COMMENICATION IS INTECTLY.

FROCHIETEN, BY YOU HAVE BECLIVED THIS MISSAGE IN REBIDE, PLEASE NOTIFY US BY THELEPHONE

BINGENATION, AND BETCHE THE USCICIAL MISSAGE TO BE AT THE AROUND ADDRESS VIA U.S. POSTAL

SERVICE, WE WILL, OF COURSE, BE HAPPY TO HEIMBURSE YOU YOU ANY COSTS.

Total Pages Scanned : 10 Total Pages Confirmed : 10

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	972	918287657194	5-14-02; 2:28PM	2'01"	1/ 10	G3		0220 7200
2	972	918287657194	2:31PM	9'56"	10/ 10	G3	RE	CP 9600

Notes :

EC: Error Correct

BC: Broadcast Send CP: Completed

HS: Host Scan

HF: Host Fax

RE: Resend

MP: Multi-Poli

HP: Host Print

HR: Host Receive

PD: Polled by Remote MB: Receive to Malibox

PG: Polling a Remote

RM: Receive to Memory DR: Document Removed FO: Forced Output

PI: Power Interruption TM: Terminated by user

WT: Walting Transfer FM: Forward Mallbox Doc. WS: Walting Send

Patsy Chandler

From: Andrew Weisbecker [aweisbecker@marlerclark.com]

Sent: Monday, May 06, 2002 2:25 PM

To: tesingleton@trhd.dst.nc.us

Cc: aweisbecker@marlerclark.com; BMARLER@marlerclark.com; dbabcock@marlerclark.com;

pchandler@marlerclark.com

Subject: Spruce Pine Salmonella outbreak

Dear Mr. Singleton, our firm represents a number of persons who became ill as part of the Salmonella outbreak that occurred in Spruce Pine during the last week of April. It is my understanding that the outbreak has been linked to a Western Sizzlin restaurant located in that town, and that a number of persons became ill. I would appreciate it if you would give me, or Dave Babcock in my office, a call at 1-800-884-9840 at your convenience to discuss this outbreak, and your related investigation; thanks, and I look forward to talking to you soon; Andy Weisbecker

Andy Weisbecker

Marler Clark

4301 Bank of America Tower

701 Fifth Avenue

Seattle, WA 98104

(206) 346-1888