Food Allergy Incident Investigation Pack

INCIDENT DETAILS AND IMMEDIATE RESPONSE

Make the person safe, arrange appropriate first aid or emergency assistance, and preserve relevant evidence. Complete this pack within **48 hours** of a food allergy incident. Report promptly in AIR3 and follow the Unit Emergency Manual.

TAKE THIS PACK TO THE LOCATION OF THE INCIDENT. Gather statements, photographs, product information and relevant records while details are fresh. Store securely, retain for six years and attach supporting evidence to AIR3 wherever possible.

UNIT AND PERSON COMPLETING THE FORM DETAILS

Person completing this form	**Sector**
Employee number	**Job role**
Compass unit number	**Unit name**
Date and time of incident	**AIR3 reference**
Person completing this form email address	**Regional Manager / Operations / Business Director email address**

PERSON AFFECTED BY THE ALLERGY INCIDENT

Name **Age** **Title (Mr, Mrs, Miss)**

Sex / gender (if recorded)

☐ Female ☐ Male ☐ Non-binary ☐ Intersex ☐ Self-describe ☐ Prefer not to say

Person type

☐ Compass employee ☐ Agency / contractor ☐ Member of public ☐ Client staff ☐ Other (please specify)

Agency / contractor name (if applicable) **Contact telephone** **Email address**

Food or menu item consumed	**Person's stated allergy or intolerance**
Suspected allergen / ingredient or cross-contact source	**Time food consumed (if known)**

Upload incident pack to AIR3 via Grant Access Link or post via Recorded delivery: For UK Units post to: HSE Department, Compass Group UK & I, 24 Parklands, Parklands Court, Rubery, Birmingham B45 9PZ.
For Ireland Units post to: 3rd Floor, 43a Yeats Way, Parkwest Business Park, Dublin 12.

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ALLERGEN COMMUNICATION AND IMMEDIATE CARE

Was the team advised of the person's allergy before the food was selected or served?

☐ Yes ☐ No ☐ Not known

Was accurate allergen information available to the person?

☐ Yes ☐ No ☐ Not known

How was allergen information presented? (tick all that apply)

☐ QR code ☐ Tablet ☐ PPDS label ☐ Allergen matrix ☐ Menu ☐ Verbal ☐ Other (please specify)

Did the person experience a reaction?

☐ Yes ☐ No ☐ Not confirmed

Symptoms reported or observed and approximate onset time	First aid / treatment provided, by whom and when

Medication administered / self-administered (if any)	Emergency services / hospital details (if any)

DOCUMENTS REQUIRED

Attach the records below wherever relevant. Full staff training records are required for all allergen incidents. Record why any item is unavailable in the investigation checklist.

Evidence / document	Attached
Full Staff Training Record Cards for all colleagues involved in food preparation, display, service and customer allergen information; include agency or temporary-worker induction records	☐ Yes ☐ No
Relevant training certificates and Food Safety / Allergen Awareness eLearning completion records	☐ Yes ☐ No
Relevant Food Safety Conversations / Allergen GHP briefings with colleague sign-off	☐ Yes ☐ No
Recipe specification and ingredients for the food or menu item	☐ Yes ☐ No
Allergen information available to the customer for the menu item (matrix, tablet, QR, menu, labels, notices)	☐ Yes ☐ No
Any local or central allergen training, refreshers or other relevant briefings	☐ Yes ☐ No
Allergen risk assessment and other evidence relevant to this incident	☐ Yes ☐ No

OTHER RELEVANT RECORDS PROVIDED — describe the document, who supplied it, its date, and where it is attached or securely stored.

Keep original evidence safely. Record who supplied it and where it is stored, including CCTV retention and any additional documents uploaded separately to AIR3.

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CHECKLIST OF ACTIONS REQUIRED

Tick each action when completed. Use N/A where appropriate. Explain omissions or outstanding actions in the comments column.

No.	Action / evidence	Done	In pack	If missing / notes
1	Record the exact area and location of the allergy incident. Detail area and location:	☐	☐	
2	Photograph the food, the place allergen information was displayed, tablets, notices, allergen folders, QR codes, labels and recipe card / specification.	☐	☐	
3	Check whether the Allergen GHP and relevant Food Safety Conversation were in place and communicated to staff.	☐	☐	
4	Check that all team members involved completed allergen awareness training.	☐	☐	
5	Check CCTV coverage of selection, preparation and service; request and retain footage if available.	☐	☐	
6	Obtain the affected person's statement (Appendix 1).	☐	☐	
7	Obtain witness statement(s) (Appendix 2).	☐	☐	
8	Obtain a manager / supervisor / colleague statement (Appendix 3).	☐	☐	
9	List and attach other relevant records or explain if not available.	☐	☐	

GUIDANCE ON TAKING WITNESS STATEMENTS – This should be done as soon as possible following the incident

Speak to each witness separately while events are fresh. Find a quiet place and explain that you need a factual account, not an opinion hearsay or accusation. Record the witness's own words and only what they personally saw, heard or did.

1. Let them explain

Start with open questions: "Please talk me through what happened with the food involved." • "What did you see or hear about the person's allergy and the allergen information provided?" • "Where were you when the food was ordered, prepared or served?" • "What happened after the person ate the food?"

2. Check the detail

Use follow-up questions to fill gaps: "Approximately what time was this?" • "How close were you?" • "Who else was present?" • "What happened immediately before and after?" • "Did you see that yourself, or were you told about it?" • "Is there anything else you remember?"

3. Do not lead the witness

Avoid: "The food contained the allergen, didn't it?" Ask: "What do you know about the ingredients in the food?" Avoid: "The team failed to check the allergy, didn't they?" Ask: "What did you see or hear about how the allergy was communicated and checked?"

4. Complete the statement

Check that it clearly records who, what, where and when. Read it back to the witness, correct any inaccuracies, and ask them to confirm it is a true account before signing and dating it.

Should an injured person be unavailable to provide a witness statement in person on site, you can take a witness statement over the phone. You should compile your notes of their statement and email it to the witness, asking them to confirm by response that the content of the witness statement provided is a true account and represents the information that was provided over the phone to you.

Remember: Record facts, not fault. Do not add assumptions or conclusions.

APPENDIX 1 — PERSON AFFECTED BY ALLERGY INCIDENT

Please complete each question separately using the person's own words. Print clearly if completing by hand, and record who assisted with the statement if applicable.

Name **Age** **Sex / gender (optional)**

Person type
☐ Compass employee ☐ Agency / contractor ☐ Member of public ☐ Client staff ☐ Other (please specify)

Job role / employer (if applicable) **Compass employee number / agency (if applicable)**

Home / correspondence address **Telephone number** **Email address**

Please provide a brief account of how the incident occurred, including food consumed, symptoms and any first aid or medical treatment.	
Confirm the location where the incident happened (for example, restaurant or buffet counter).	
When and how did you inform the Compass team about your food allergy or intolerance before ordering or selecting food?	
Were you able to access the allergen information you needed to choose food suitable for your dietary requirements before ordering?	
How was this information provided to you?	
Was anyone else with you at the time? If yes, provide their names and contact details if available.	

If I receive further medical treatment related to this incident, I confirm I will inform the Catering Department.

Signatures to be hand signed – digital signatures are not sufficient

Person affected signature / name **Date**

Area Manager or Site Supervisor signature / name **Date**

APPENDIX 2 — COLLEAGUE OR NON-COLLEAGUE WITNESS

Use one statement per witness. Interview witnesses separately as soon as practical, ask open questions, and distinguish what they personally observed from what others have told them.

Name	**Age**	**Relationship to incident**
Job role / employer (if applicable)	**Compass employee number / agency (if applicable)**	
Home / correspondence address	**Telephone number**	**Email address**
Date and time statement taken	**Person taking statement**	

Did you see what happened? (Yes / No). If not, explain how you became aware of it.	Yes ☐ No ☐
Where did the incident occur and when?	
Describe fully what you personally saw or heard, including details of any other witnesses. Distinguish direct observations from information provided by others.	

Signatures to be hand signed – digital signatures are not sufficient

Witness signature / name	**Date**
Area Manager or Site Supervisor signature / name	**Date**

APPENDIX 3 — MANAGER OR SUPERVISOR

Use one statement per person. Record facts without suggesting blame, capture what was said or shown about allergen information, and explain the basis for each conclusion.

Name	**Age**	**Role**
Unit / area	**Compass employee number / agency (if applicable)**	
Home / correspondence address	**Telephone number**	**Email address**
Date and time statement taken	**Person taking statement**	

Did you see what happened? (Yes / No). If not, explain how you became aware of it.	Yes ☐ No ☐
Where did the incident occur and when?	
Describe fully what you personally observed, including the food selection, allergen communication and other witnesses, where relevant.	
Was the allergy incident directly attributable to the actions and/or omissions of a Compass unit team member? (Yes / No / Not established). Explain your reasons and provide supporting evidence.	Yes ☐ No ☐ Not established ☐

Signatures to be hand signed – digital signatures are not sufficient

Witness signature / name	**Date**
Line Manager signature / name	**Date**

CCTV REQUISITION FORM

To whom it may concern,

I refer to a food allergy incident which occurred at the following date, time and location:

Date of incident	Time (24-hour)	Location / CCTV camera or area

Relevant footage period, food selection / service points or cameras (if known)

I believe this incident may have been captured on the CCTV system in this part of the building. I formally request that the relevant footage is preserved and that a copy is provided in accordance with applicable data protection requirements and the organisation's procedures.

The footage is requested in contemplation of potential claims or legal proceedings because it may provide evidence about the circumstances and those involved. Access, retention and any disclosure must be reviewed by the authorised team.

If you require further details, please contact:

Contact name / role	Telephone / email

Yours faithfully, Unit Manager — on behalf of Compass Group UK & Ireland

Name / signature	Unit	Date of request

CCTV REQUEST RECORD

Request sent to / CCTV custodian	Date requested

Date footage received (if applicable)	Secure file location / evidence reference

Notes on any footage unavailable, preservation steps or outstanding response