**Alleged Food Allergy Reporting Form**

Use this initial reporting form to gather and record information about the incident when you are speaking to the individual and the team about the incident. Once completed this should be used to complete the AIR3 Online Reporting Form and should be retained for 6 months with all appropriate evidence and supporting information.

|  |  |  |  |
| --- | --- | --- | --- |
| **WHERE & WHEN** | | | |
| Unit Name: |  | Unit Number: |  |
| Date Reported: |  | Date of Incident: |  |
| Exact Location of Incident: |  | Time of Incident: |  |
| Your First Name: |  | Your Surname: |  |
| Your Job Title: |  | Telephone No: |  |
| Your Email Address: |  | | |
| RM/OD/BD Email Address: |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | | | | | | | | | | |
| What Did They Eat? |  | | | | | | | | | | | |
| Was It Made In Unit? | Yes: |  | No: |  | If No, Provide Supplier Name: | | |  | | | | |
| Did They Have A Reaction? | Yes: |  | No: |  | If Yes, What Reaction: | |  | | | | | |
| If They Had A Reaction What Treatment Was Required? | | | | | |  | | | | | | |
| Type of Allergy: |  | | | | Were We Aware of the Allergy? | | | | Yes: |  | No: |  |
| If Yes, Was Allergen Info Available? | | | | Yes: |  | No: |  |
| Incident Description: *(Provide a summary of the service, when the food was delivered, prepared and type of service)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **INGREDIENTS** | | | |
| **Ingredient 1** | | **Ingredient 3** | |
| Ingredient Name: |  | Ingredient Name: |  |
| Batch Code: |  | Batch Code: |  |
| Use By / Best Before: |  | Use By / Best Before: |  |
| **Ingredient 2** | | **Ingredient 4** | |
| Ingredient Name: |  | Ingredient Name: |  |
| Batch Code: |  | Batch Code: |  |
| Use By / Best Before: |  | Use By / Best Before: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPLAINANT DETAILS** | | | | | | | | |
| Who Was Involved? | Customer: |  | Contractor: | |  | Employee / Agency Staff: | |  |
| Other (Provide Details): |  |  | | | | | |
| Title: |  | | | | | | | |
| First Name: |  | | | Surname: | | |  | |
| Address: |  | | | | | | | |
| Postcode: |  | | | Contact No: | | |  | |

|  |  |
| --- | --- |
| **PRODUCT DETAILS** | |
| Name of Product: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSUMPTION DETAILS** | | | |
| Date Consumed: |  | Time Consumed: |  |
| Number of Portions Produced: |  | Number of Portions Consumed: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPPORTING INFORMATION AND EVIDENCE CHECKLIST (if available)** | | | | | | |
| Witness First Name: |  | | | Witness Surname: |  | |
| Contact Number: |  | | | | | |
| Witness Statement: |  | | | | | |
| Useful Evidence to Upload to AIR3 | | (✓) |  | | | (✓) |
| Recipe Specification | |  | Allergen Log (The Source or Manual) | | |  |
| Product Information | |  | Delivery Note / Invoice | | |  |
| Records of Allergen Briefing | |  | Applicable Training Records | | |  |

|  |  |
| --- | --- |
| **Remember to ensure that you report any incidents to your line manager and follow the applicable escalation process. All Food Safety Incident must be reported on the AIR3 System as soon as possible, access is via Compass Connect or by using the QR Code provided.** | **Qr code  Description automatically generated** |