***VESSEL SANITATION - LOG 15***

**FOOD COMPLAINT LOG**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE UNIT** | | | | | | | | | | | | | | | | | | |
| **SHIP:** | | | | | | | | | | **DATE/TIME**  **REPORT** | | | | | |  | | |
|  | | | | | | | | | | **DATE/TIME COMPLAINT** | | | | | |  | | |
| **TEL. NO:** | |  | | | | | | | **SHIP** | | | | | | |  | | |
| **TELEX NO:** | |  | | | | | | | **CONTACT** | | | | | | |  | | |
| **THE COMPLAINANT** | | | | | | | | | | | | | | | | | | |
| **METHOD OF COMPLAINT** | | **AT TABLE** | | **PURSER’S**  **DESK** | | | | **LETTER** | | | | | **VIA PORT HEALTH** | |  |  |  | |
| **PASSENGER**  **NAME**  **ADDRESS**  **TEL NO.** | |  | | | | | | | | | | | | | | **CABIN NO** |  |
| **2ND PASSENGER**  **NAME**  **ADDRESS**  **TEL NO.** | |  | | | | | | | | | | | | | | **CABIN NO** |  |
| **THE COMPLAINT** | | | | | | | | | | | | | | | | | |
| **FUNCTION**  **TYPE** | | **B/fast** | | **Lunch** | **Afternoon Tea** | | | | | | **Dinner** | **Other**  **(Bar)** | | **DATE/TIME OCCURRED** | |  | |
| **ALLEGATION OF FOOD POISONING** | | | | **FOREIGN MATERIAL** IN FOOD | | | | | | | | | | **QUALITY/OTHER**  **COMPLAINT** | | | |
| **NO OF PERSONS INVOLVED** | | |  | **TYPE OF**  **OBJECT** | |  | | | | | | | | **DESCRIBE COMPLAINT** | | | |
| **TIME/DATE**  **ON SET** |  | | | **LOCATION NOW** | | | | | | | | |  |  | | | |
| **FOODS** |  | | |  | | | | | | | | |  |  | | | |
| **SYMPTOMS** | | |  | **FOOD SERVED** | | | | | | | | |  | **FOOD SERVED** | | | |
| **DIARRHOEA** | | |  |  | | | | | | | | |  |  | | | |
| **VOMITING** | | |  |  | | | | | | | | |  |  | | | |
| **STOMACH PAINS** | | |  | **SUPPLIER** | | | | | | | | |  | **SUPPLIER** | | | |
| **FEVER** | | |  |  | | | | | | | | |  |  | | | |
| **OTHER**  **(SPECIFY)** |  | | |  | | | | | | | | |  |  | | | |
| **DURATION**  **(TIME)** |  | | | **DATE**  **SUPPLIED** | | |  | | | | | | | **DATE**  **SUPPLIED** | |  | |
| **SAMPLES OBTAINED?** | | | | **YES/NO** | | | **PORT HEALTH INVOLVED?** | | | | | | | | | **YES/NO** | |