

Florida Department of Health
Foodborne Illness
 Environmental Health Assessment Report



Facility Information

Establishment Name: Havana 1957 Cuban Cuisine		Log #: _____
Address: 14571 SW 5th Street	City/Zip: Pembroke Pines	Type of Facility <input checked="" type="checkbox"/> Restaurant/Caterer <input type="checkbox"/> Grocery <input type="checkbox"/> Healthcare <input type="checkbox"/> Daycare/School <input type="checkbox"/> Detention <input type="checkbox"/> Private Home <input type="checkbox"/> Other: _____
Date Complaint Received: 11/19/2018		
Date of Suspected Meal: 11/12/2018		
Investigator(s): Geraldine Gabon	Date(s) Investigated: 11/20/2018	
Implicated/Suspected Pathogen:	Number of Persons ill: 11	
Implicated/Suspected Food(s): Beef tamales		
Quantity of Suspected Food Sold/Served: 250 served		
Were any similar complaints received? If yes, collect information if available.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Were any food employees ill in the two weeks prior to the suspected event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Did any food employee(s) become ill in the two weeks after the suspect event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility have a sick leave policy?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Were any clinical specimens collected from food workers?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Were any food/water samples taken?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility routinely track and document temperatures or have a HACCP program?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the facility have a bare-hand contact with ready to eat (RTE) food policy?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the facility have a glove-hand contact with ready to eat (RTE) food policy?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Environmental Health Assessment Checklist

- If raw oysters are involved, obtain tag(s) from suspect lot(s). If possible, collect 10-12 oysters from suspect lot(s) and contact your regional foodborne disease epidemiologist
- Obtain a copy of the menu of the foods served including daily specials that may not be on the menu
- Obtain a list of food employees with contact numbers
- Obtain food employee work schedules
- Determine food employee duties
- Exclude/restrict ill food employees
- Observe general food preparation practices
- Interview food employees about food preparation practices
- Develop a flow chart or food flow diagram for the implicated food item or ingredient to capture detailed information about each step in the food handling process
- Interview food employees for evidence of illness
- Interview ill food employees to determine common exposures
- Initiate and document corrective actions
- Identify the source of suspect foods
- Obtain the suppliers' receipts/invoices for the suspect foods
- Collect leftover food samples and send to state lab for testing, if available. Obtain original packaging, if possible
- Conduct a trace back of suspect foods, if warranted
- Summarize and determine contributing factors (see below)
- Recommend actions to prevent future outbreaks

Hazard	Related Contributing Factors to Investigate During Field Visit
Spore-Formers and Preformed Toxins (i.e. C. perfringens, B cereus, Staph)	Cooling, Re-Heating, Hot Holding, Hand Contact, Room Temp Storage, Cold Holding, Time/Temperature Abuse
Viral Infections (i.e. Norovirus)	Ill Food Worker, Hand Contact, Handwashing, Contaminated Raw Product, Ready to Eat (RTE) Foods
Bacterial Infections	Ill Food Worker, Hand Contact, Handwashing, Contaminated Raw Product, Cross Contamination, Cooking, Cooling, Hot Holding, Re-Heating, Time/Temp. Abuse
Parasitic Infections	Ill Food Worker, Hand Contact, Cross Contamination, Contaminated Raw Product, Contaminated Source

Establishment: Havana1957Cuban Cuisine Date of Suspected Meal: 11 / 12 / 18 Log#: _____

Assessment of Implicated/Suspect Food (Required) Describe the food flow for the implicated food item(s) or ingredient(s) to capture detailed information about each step in the food handling process, including who prepared what and when. Note size of containers, labels, and descriptive information on product(s). Complete a separate assessment of each implicated/suspected food, if applicable.

Food Source: <u>Martini</u>	Supplier/Distributor: <u>Martini</u>
Date Received: <u>11/19/2018</u>	Size and package type: <u>50 lbs</u>
Brand name: <u>Riceland</u>	Product code(s): <u>00035200153416</u>
Product name: _____	Expiration Date: <u>N/A</u>
Manufacturer: _____	
Condition Received:	
• Temperature(s):	
Storage: <u>Beef, chicken, beef (refrigeration units)</u>	
• Temperature(s): <u>40F, 39F, 41F</u>	
Preparation: <u>Beef in preparation process</u>	
• Temperature(s): <u>65F</u>	
Cooking: <u>Beef</u>	
• Temperature(s): <u>177F</u>	
Cooling: <u>Beef</u>	
• Time/Temperature(s): <u>41F</u>	
Reheating: <u>Beef</u>	
• Temperature(s): <u>174F</u>	
Holding: <u>Chicken, Pork, Rice, Beef</u>	
• Time/Temperature(s): <u>110F, 110F, 180F, 175F</u>	
Assembling/Plating (including garnishing): <u>N/A</u>	
• Temperature(s):	
Service: <u>N/A</u>	
• Temperature(s):	