All patients with suspect foodborne botulism should have their home inspected for a potential source within 24 hours of identification. Ask family not to discard any consumable product (food, drink, herbal supplements) until the inspection is conducted by public health.

**PRIOR TO GOING TO RESIDENCE**  
*Coordinate with epi staff regarding any information already collected from patient.*

1. Patient name (Last, First): ________________________________________________________
2. Contact name: __________________      Contact phone: (________)_____________________
3. Address of residence: _____________________________________   City: ___________________________  ZIP code: ________
4. Date of inspection: _____/_____/______  ACDC investigator: _____________________  EH investigator: ____________________

**HOME INSPECTION**

1. **General description of home (level of organization, likelihood of mishandled food, etc):**

2. **Detailed Inspection**
   a) Investigate food storage areas, especially the kitchen:  
      - [ ] Refrigerator  
      - [ ] Freezer  
      - [ ] Kitchen cabinets  
      - [ ] Pantry
   b) Investigate for high risk foods. Conditions that are conducive to toxin production include high water, high pH (>4.6), low salt, low sugar; prolonged incubation at room temperature, not heated to 65°C before eating, anaerobic environment. Potential high risk items include:
      i) Any home-canned/jarred, fermented, or otherwise home-preserved product
      ii) Home made products marinated in oil (e.g., garlic infused oils)
      iii) Any product, including commercially prepared foods stored at inappropriate temperature prior to eating (e.g., foods that are meant to be refrigerated stored at room temperature)
      iv) Dried salted fish (especially uneviscerated)
      v) Prepared herbal tea/other liquid supplements
      vi) Foods from prior foodborne botulism patients have included:
         a) Soups or mixed grain product from refrigerator aisle kept in pantry
         b) Cooked spaghetti stored in plastic bag
         c) Homemade pesto
         d) Garlic in oil; herbs in oil
         e) Home-canned potatoes used in potato salad
         f) Home-fermented tofu
         g) Commercial jarred black fungus
         h) Oriental herbal tea (containing deer antler and other herbs)
         i) Prison-brewed alcohol "Pruno"

3. **In addition to kitchen and pantry, make sure to inquire about/inspect other potential food storage areas:**
   a) Garage
   b) Storage shed
   c) Bedrooms
   d) Living room/dining room
   e) Car

**HOME INSPECTION GUIDE FOR SUSPECTED FOODBORNE BOTULISM**

Acut e Communicable Disease Control  
313 N. Figueroa St., Rm. 212  
Los Angeles, CA 90012  
213-240-7941 (phone), 213-482-4856 (facsimile)  
publichealth.lacounty.gov/acd/
HOME INSPECTION (CONTINUED)

4. Investigation should include trash
   a) Kitchen garbage (last emptied: ___/____/____)
   b) Outside garbage (last trash pickup: ___/____/____)
   c) Other trash: ________________________________

5. Take pictures
   a) Inside of refrigerator
   b) Inside of freezer
   c) Inside pantry/food storage areas
   d) Any food samples collected (including all sides of labeling, top and bottom of container)

6. Collect food samples
   a) Any home-made items that are suspect
   b) Any commercial food items that were improperly stored (e.g. opened jars and containers that should have been refrigerated but were stored at room temperature, etc). Include detailed photos that include product information and lot code
   c) Note where/how the food was stored
   d) Send high risk foods to the LAC Public Health Laboratory (PHL)
      i) Note that collected food samples should be stored in at the same temperature found (i.e., if the food sample was collected at room temperature, it should be stored at room temperature)
   e) Call ACDC physician (213-240-7941) with any questions

HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Shared meals with index (describe)</th>
<th>Symptomatic?</th>
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1. If a household member is available during the home visit, inquire about:
   a) Usual food habits (prepares own meals, all take out, etc)?
   b) Who does the patient usually eat with?
   c) Any food item that he/she eats that no one else in the household consumes?
   d) Let them know that you will be focusing your inspection on the kitchen and pantry, and will be taking some pictures. Ask about general kitchen and pantry set up, if possible.
   e) Also inquire about any other food storage areas (such as garage, bedroom, etc.)

REMARKS