

PROTOCOL FOR FILLING OUT THE MONTHLY LOG SHEETS:

NATIONAL ANTIMICROBIAL RESISTANCE MONITORING SYSTEM – RETAIL FOOD SURVEILLANCE ISOLATES MONTHLY LOG SHEET

STATE: MONTH: YEAR:

Completed By: (Initials):

Circle One → CHICKEN BREAST GROUND TURKEY GROUND BEEF PORK CHOP

State: Where the data are collected. Enter your state abbreviation

Month: Enter the month the samples are collected. Each month 10 samples of each meat/poultry product should be collected.

Year: Enter the year the samples were collected.

Completed by: The initials of the microbiologist who completed the log sheet from the state.

Meat Product: Circle or write in the type of meat/poultry product at the top of the monthly log sheet.

DEFINITIONS OF FIELDS in Part 1

| PART I | | | | | | | | | |
|--------|------------------|------------------|------------|------------|---------------------------------|---|--------------------------------|---------------------------------|------------------------------------|
| | Sample ID Number | Store Name, City | Brand Name | Lot Number | Cut/Ground IN-STORE (One) | | Sell-by Date (M / D / Y) | Purchase Date (M / D / Y) | Lab Process Date (M / D / Y) |
| | | | | | Y | N | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Sample ID: The sample identification that is given by the state. FDA would prefer, if possible, that sample ID numbers contain the following information:

State abbreviation, purchase month and year, meat product abbreviation (e.g., CB = chicken breast), and a unique sequential number suffix

If sites are unable to adopt this preferred sample ID method, sites may use their state scheme as long as the sample ID numbers are unique across months and years of data collection.

Store Name: Enter the name of the store where the meat/poultry product was purchased.

City: Enter the city where the retail store is located.

Brand: This is the trade name for the meat/poultry product. Enter this information from the package or label (i.e., Shady Brook Farms, Perdue, and Tyson) or local supermarket (Safeway, Weis).

Lot #: This is a number that uniquely identifies a lot of product. Please enter this number if it is available. If a lot number is not listed on the product package, then please enter the plant code. If neither of these numbers is listed on the product package, please enter “n/a” in the lot number variable field on the log sheet.

Cut/Ground in Store: Check “yes” if the meat/poultry product was cut or ground in the store in which it was purchased or “no” if it was not cut or ground in the store in which it was purchased.

Sell by date: Enter the “sell-by date” or “use-by date” listed on the product package. If this date is not listed on the package, please ask the butcher. If the butcher does not have this information, please enter “n/a” in the sell-by date variable field on the log sheet.

Purchase Date: Enter the date the meat/poultry product was purchased from the store. The purchase month and year should be the same as the month and year listed at the top of the log sheet (i.e., the sample collection month/year).

Lab Process date: Enter the date the meat/poultry product was processed for isolation.

FIELDS for PART 2: All sites culture the sample rinses for *Salmonella* and *Campylobacter*. In addition, Georgia, Maryland, Oregon, and Tennessee culture the sample rinses for *E. coli* and enterococci.

| PART II | | | | | | | | | | | | | |
|------------------------|-----------------|---|-------------------------|-------------------|------------------------|----------------------------|-------------------|------------------------|-----------------------------------|-------------------|------------------------|--|--|
| C O N T. ↓ | Growth (One) | | Salmonella IF GROWTH | | Growth (One) Y N | Campylobacter IF GROWTH | | Growth (One) Y N | E. coli (GA, MD, TN) IF GROWTH | | Growth (One) Y N | Enterococci (GA,MD,TN) IF GROWTH | |
| | Y | N | Serotype | Isolate ID Number | | Species | Isolate ID Number | | Isolate ID Number | Isolate ID Number | | | |
| | 1 | X | | | | X | | | | | | | |
| 2 | X | | | | X | | | | | | | | |
| 3 | X | | | | X | | | | | | | | |
| 4 | X | | | | X | | | | | | | | |
| 5 | X | | | | X | | | | | | | | |
| 1 | X | | | | X | | | | | | | | |
| 2 | X | | | | X | | | | | | | | |
| 3 | X | | | | X | | | | | | | | |
| 4 | X | | | | X | | | | | | | | |
| 5 | X | | | | X | | | | | | | | |

Fax log sheet to CDC at 404-371-5444 and CVM at 301 827-4229; send original log sheet with specimens to FDA-CVM and keep a copy for your records. Thank you.

Growth box: Check “yes or no” to only the microorganisms the state is identifying from the sample.

Serotype: Salmonella is the only microorganism that is serotyped. Enter the serotype in this field.

Species: *Campylobacter* and *Enterococci* are the only speciated microorganisms. Enter the species in this field.

Isolate ID Number: The sample ID number and the genus (i.e. *Salmonella*=s, *Campylobacter*=c, *Ecoli*=ec, *Enetercocci*=enc, - Enter Sample ID-s, i.e. MD0201GT10-s).

Fax or email monthly log sheet to CDC at 404-371-5444 (zik5@cdc.gov) and CVM at 301 827-4229 (erobinso@cvm.fda.gov); send original log sheet with specimens to FDA-CVM and keep a copy for your records