Name:

Date:

School:

Facilitator:

4.01 Foodborne Illnesses

Total Points: 40

# Part 1: Chart

Complete the chart below. The first row has been done for you. You should summarize and rephrase information as necessary. You may need to complete additional research to complete the table. Do not copy and paste answers.

| **Pathogen** | **Type****(bacteria, virus, mold)** | **Disease** | **Food source** | **Cause** | **Onset** | **Symptoms** |
| --- | --- | --- | --- | --- | --- | --- |
| **E. coli** | ***bacteria*** | ***E. coli*** | ***Unclean drinking water, raw or rare ground beef, un-pasteurized milk*** | ***Raw sewage contamination*** | ***2-5 days*** | ***Severe abdominal cramps, diarrhea, nausea, vomiting*** |
| **Campylobacter jejuni** |       |       |       |       |       |       |
| **Clostridium botulinum** |       |       |       |       |       |       |
| **Clostridium perfringens** |       |       |       |       |       |       |
| **Hepatitis A** |       |       |       |       |       |       |
| **Listeria monocytogenes** |       |       |       |       |       |       |
| **Mycotoxins** |       |       |       |       |       |       |
| **Norovirus** |       |       |       |       |       |       |
| **Salmonella** |       |       |       |       |       |       |
| **Shigella** |       |       |       |       |       |       |
| **Staphylococcus aureus** |       |       |       |       |       |       |

# Part 2: Reflection

1. What are some “best practices” to avoid food poisoning? Name at least 3.
	1.
	2.
	3.
2. Have you or anyone you have known ever had food poisoning? Are you sure? If so, which type? Was the source determined? How was the person treated?