## **Food Allergy Incident Report**

Date of Incident	
Time of Incident	
Location	
Location	_
	_
Person(s) Affected	
Known Allergen(s)	
Symptoms Observed	
	_
horse dieta Astiana Takan	_
Immediate Actions Taken	_
	_
Medical Attention Provided	
	_
Witnesses	
Follow-Up Actions	
Reported By	
	_
	_
Report Date	