

South Carolina Department of Social Services
USDA COMMODITY FOOD LOSS REPORT

EFO/ERA Name: _____

Warehouse Location: _____

Date Loss Detected: _____ Date Report Submitted: _____

Product Code	Product Name	Date Received	# Cases Lost	Loss Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Loss Type Codes:				
A-Spoilage	B-Contamination	C-Infestation	D-Freezer Malfunction	E-Theft
F-Warehouse Damage	G-Hidden Damage	H-Fire	I-Product Missing	J-Other

Explanation of how loss occurred and corrective action taken to prevent future losses:

Section I – Loss Due to Theft

Police report attached? Yes No If loss due to theft, explain why police report was not filed:

Describe method of entry: _____

Was there an alarm system present? Yes No

Covered by insurance? Yes No Name of Insurance Company: _____

Section II – Loss Due to Storage Practices/Freezer Malfunction

Was shipment examined upon receipt? Yes No Condition: Good Damaged

If damaged upon receipt, was a report filed with State Agency? Yes No

Describe condition of product when received: _____

Temperature Checks:

A. How often conducted? _____ (Attach temperature log for past 30 days to this report.)

B. Date of last temperature check prior to detection of damage: _____

Readings Taken: Inside: _____ Outside: _____

C. Was FI/FO used for distribution of product in question? Yes No

Section III – Disposition of Food

Was inspection completed? Yes No Inspection report attached? Yes No

Was any product salvaged? Yes No If yes, what is the current location of salvaged product?

Name of agency and staff person that conducted the inspection: _____

Was food destroyed? Yes No On whose authority? _____

Signature of Person Completing Form

Date

Signature of EFO/ERA Director

Date

STATE AGENCY USE ONLY

Total Value of Loss: _____ Was loss due to negligence? Yes No

Claim Determination: Claim Assessed No Claim Assessed

Total Claim: \$ _____

Signature of State Agency Official

Date