

DONATED FOOD LOSS REPORT

For Office Use Only
State Claim # _____
Total Value \$ _____

Name of Food Bank/Food Pantry/Soup Kitchen where loss occurred: _____

THE INFORMATION YOU PROVIDE IN THIS REPORT WILL BE USED TO DETERMINE WHETHER OR NOT A CLAIM IS PLACED AGAINST YOUR AGENCY. BE SPECIFIC, ATTACH ADDITIONAL PAGES IF NECESSARY. CONTACT THIS OFFICE PRIOR TO SUBMITTING THIS REPORT IF YOU HAVE QUESTIONS.

I. GENERAL:

Date of this report: _____ Date this loss occurred: _____
(All food losses must be reported to the Food Distribution Office within ten days of the date of loss)

Was food examined when received: Yes ____ No ____ If not, why _____

Is First In/First Out practiced Yes ____ No ____ If not, why _____

Food	_____	_____	_____
Pack Date	_____	_____	_____
Date Received	_____	_____	_____
Cases + Units Lost	_____	_____	_____
Case Value (from KY-FD-26-FB)	_____	_____	_____
Total Value	_____	_____	_____

(attach additional pages as needed)

GRAND TOTAL: \$ _____
(from all pages)

Circumstances surrounding this loss. Be as detailed as possible. Attach additional pages as needed.

(* THIS SECTION MUST BE COMPLETED FOR ALL FOOD LOSSES ***)**

In your opinion was negligence involved in this loss? Yes ____ No ____

Reasoning: _____

Signature Representative **Title** **Date**

II. FREEZER/COOLER FAILURE:

A COPY OF THE CURRENT TEMPERATURE RECORDING CHART AND THE PRIOR TWO MONTHS TEMPERATURE RECORDING CHARTS MUST ACCOMPANY THIS LOSS REPORT.

Temperature Checks:

Frequency which temperatures are checked and recorded: _____

Readings Taken From:	Yes	No
Internal Thermometer	_____	_____
External Thermometer	_____	_____
Is there an Electronic Warning System	_____	_____

III. INFESTATION/SPOILAGE/CONTAMINATION:

Loss was caused by:

Insects infestation: _____ Rodent damage: _____ Other: (specify) _____

Extermination treatment provided: Yes _____ No _____ Service provided by: _____

Frequency of treatment: _____

Date of last treatment: _____

Storage Conditions:	Yes	No
Palletized	_____	_____
Ventilated	_____	_____

PLEASE ATTACH COPIES OF THE PERPETUAL INVENTORY REPORT (KY-FD-20) FOR EACH ITEM, AND THE TEMPERATURE RECORDING CHART FOR THE PAST TWO MONTHS.

IV. THEFT:

Were the Police Informed:

Yes _____ **A copy of the Police Report must be attached.**

No _____ If no, why: _____

Thief's Method of Entry: _____

Were Locks and/or Alarms Used: _____

V. DISPOSITION OF FOOD:

Was Food Inspected by the Health Department:

Yes _____ By _____ (Attach Report)

No _____ If not, why: _____

Finding of Inspection: Food Condemned _____ Other _____

Food Destroyed:

On whose authority was food destroyed: _____

How was food destroyed: _____

VI. RECOMMENDATION OF THE FOOD BANK:

No Claim _____ Claim _____ Comments: _____

Signature _____ Date _____

RECOMMENDATION OF THE STATE AGENCY:

No Claim _____ Claim _____ Comments: _____

Signature _____ Date _____

