

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 Sheets)	Grand Total \$ _____ (from all apges)

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: _____

Name of Representative

Title

Date

COMPLETE ONE OF THE FOLLOWING SECTIONS APPLICABLE TO THIS FOOD LOSS

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:

Internal Thermometer	Yes	No
External Thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Is there an Electronic Warning System	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Ventilated	<input type="checkbox"/>	<input type="checkbox"/>

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 _____