

INSTRUCTIONS

THIS FORM IS TO BE USED FOR REPORTING ALL LOSSES OF USDA DONATED FOODS. FORMS MUST BE COMPLETE. INCOMPLETE FORMS MAY RESULT IN REQUEST FOR PAYMENT.

Complete: Name of your facility, county, name and address of loss site, date and time of loss, and agency telephone number.

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| FOOD CODE | The code number of the USDA Donated Food lost |
| FOOD ITEM | Name of USDA Donated Food lost |
| QUANTITY | Number of Cases in the USDA Food Loss |
| UNIT SIZE | Packaging size for each unit (Example: 6/5#, 6/10#, 30#, 12/3#) |
| PACKAGE DATE | Package date stamped on case or baler by USDA |
| CONTRACT NUMBER | Four to seven digit number stamped on case or baler |
| INVOICE NUMBER AND DATE | Can be found in the upper right hand corner of invoice |
| DATE FOOD REC'D AT LOSS SITE | Date of pickup or delivery to the storage or loss site |
| REASON FOR LOSS | Infestation, equipment malfunction, theft, etc. |

DOCUMENTATION

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| STATE OF ARKANSAS DEPARTMENT OF HEALTH DESTRUCTION REPORT | Must be submitted on all losses except theft |
| LETTER OF CIRCUMSTANCE | Must be submitted on ALL LOSSES, giving details of loss and planned protective measures to prevent further loss |
| REPAIR INVOICE | Copy of repair invoice if loss is due to equipment malfunction |
| TEMPERATURE LOG | A copy of current months up to date log and prior 3 months logs must be submitted on all losses involving freezer or cooler losses |
| POLICE REPORT | Copy of police report if loss involves theft |
| INSECT AND RODENT CONTROL RECORDS | Copy of service call or treatment schedule invoice from the pest control company utilized by your facility if loss is due to infestation |

SIGNATURE AND TITLE OF PERSON COMPLETING THIS FORM:

DATE

For assistance with this form, call our office at 501/371-1400 or contact your Commodity Distribution Field Representative
Return Completed Form within 30 days of Food Loss to:

COMMODITY DISTRIBUTION
P.O. BOX 1437, SLOT S-337
LITTLE ROCK, AR 72203