

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF COUNTY OPERATIONS/COMMODITY DISTRIBUTION**

USDA FOOD LOSS REPORT

Recipient Agency: _____ RA#: _____

Address of Loss Site: _____

County: _____ Date/Time of Loss: _____

USDA Code	USDA Food Item Name	Number of Cases	Unit Size	Package Date	Date Received

Reason for Loss: _____

Attach the following documentation:

- Health Department Destruction Report
- Letter of Circumstances (must be submitted on all claims)
 - Circumstances surrounding the loss
 1. Condition of the foods upon receipt
 2. Temperature of the foods upon receipt
 3. Description of storage (shelves, pallets, away from wall, adequate space allowed, storage temperatures within range as specified by USDA, locked)
- Repair Invoice (if equipment failure)
- Temperature Logs
- Police Report (If theft)
- Insect & Rodent Control Records

Signature/Title: _____

Phone Number: _____ Date: _____

FOOD LOSS REPORT INSTRUCTIONS

THIS FORM IS TO BE USED FOR REPORTING ALL LOSSES OF USDA DONATED FOODS.

COMPLETE: Name of your facility, name and address of loss site, and date and time of loss.

FOOD CODE: The code number of the USDA Donated Food

FOOD ITEM NAME: Name of USDA Donated Food

NUMBER OF CASES: Number of cases

UNIT SIZE: Packaging size for each unit (Example: 6/5# bags, 6/#10 cans, 30#)

PACKAGE DATE: Package date on product or carton

DATE RECEIVED: Date of USDA food received at site

REASON FOR LOSS: Infestation, equipment malfunction, theft, out of condition

HEALTH DEPARTMENT DESTRUCTION REPORT: Must be submitted on all losses except theft

LETTER OF CIRCUMSTANCES: Must be submitted on ALL LOSSES giving details of loss, and planned protective measures to prevent future losses

REPAIR INVOICE: Copy of repair invoice if loss is due to equipment malfunction

TEMPERATURE LOG: A copy of three months' records must be submitted on all claims which involve freezer and/or cooler malfunction

POLICE REPORT: Copy of police report if loss is due to theft or break-in

INSECT AND RODENT CONTROL RECORDS: Copy of service call or treatment schedule invoice from the pest control company if loss is due to insect or rodent infestation

For assistance in completing this form, please call our office at 501-371-1400.

Return completed form and documents within ten (10) days of loss.

Fax: 501-371-1410

Mail: Department of Human Services

Division of County Operations

Commodity Distribution Unit

PO Box: 1437 Slot: S 337

Little Rock, AR 72203-1437