ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
COMMODITY DISTRIBUTION UNIT
USDA FOOD LOSS REPORT

Recipient Agency: ____________________________ RA#: __________________

Address of Loss Site: ______________________________________________________

County: __________________________ Date/Time of Loss: ______________________

<table>
<thead>
<tr>
<th>USDA Code</th>
<th>USDA Food Item Name</th>
<th>Number of Cases</th>
<th>Unit Size</th>
<th>Package Date</th>
<th>Date Received</th>
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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: ____________________________

Revised 9/2018
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 Child Care and Early Childhood Education
Commodity Distribution Unit
PO Box: 1437  Slot: S 337
Little Rock, AR 72203-1437