**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
Division of County Operations / Commodity Distribution  
**USDA FOOD LOSS REPORT**

<table>
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<tr>
<th>FOOD CODE</th>
<th>FOOD ITEM</th>
<th>UNIT SIZE</th>
<th>POUNDS</th>
<th>PKG DATE</th>
<th>CONTRACT NUMBER</th>
<th>INVOICE NUMBER</th>
<th>DATE REC'D AT LOSS SITE</th>
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**NAME OF AGENCY________________________ COUNTY________________ RA#________**

**NAME / ADDRESS OF LOSS SITE __________________________________________________________**

**DATE & TIME OF LOSS________________ PHONE________________**

**FOOD CODE**

**FOOD ITEM**

**UNIT SIZE**

**POUNDS**

**PKG DATE**

**CONTRACT NUMBER**

**INVOICE NUMBER**

**DATE REC'D AT LOSS SITE**

Reason for Loss:_____________________________________________________________________________________________
____________________________________________________________________________________________________________

**DOCUMENTATION ATTACHED:**

_____ Division of Health Destruction Report ( all losses except theft )

_____ Letter of circumstances ( Must be submitted on all claims ) Include the following:

1.  a. Circumstances surrounding the loss.
    b. Condition of foods upon receipt.
    c. Temperature of foods upon receipt. ( if applicable )
    d. Description of storage. ( was food on shelves or pallets, away from wall, adequate space allowed, storage temperatures within range as specified by USDA, was storage locked?)

2. Details of preventative or protective measures taken to avoid additional loss.

_____ REPAIR INVOICE

_____ TEMPERATURE LOGS ( CURRENT MONTH AND PREVIOUS 3 MONTHS )

_____ POLICE REPORT ( IF THEFT )

_____ INSECT & RODENT CONTROL RECORDS

**SIGNED:_________________________________________**

**TITLE OR POSITION________________DATE________**

DCO-1840 (09/2006)
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.

CODE: The code number of the USDA Donated Food lost.

FOOD ITEM: Name of USDA Donated Food lost.

UNIT SIZE: Packaging size for each unit (Example: 6/5#, 6/10#, 30#, 12/3#)

POUNDS: Enter number of pounds lost for this food item.

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> AT LOSS SITE: Date of pickup or delivery to the storage or loss site.

REASON FOR LOSS: Infestation, equipment malfunction, theft, etc.

DOCUMENTATION

DIVISION OF HEALTH 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 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