



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
 FOOD DISTRIBUTION PROGRAMS  
**REPORT OF USDA-DONATED FOOD LOSS**

AGENCY NAME		CONTACT PERSON RESPONSIBLE AT TIME OF THE LOSS		
ADDRESS/LOCATION OF LOSS				
WAS FOOD INSPECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, BY WHOM (NAME AND TITLE)		
MATERIAL CODE/FOOD DESCRIPTION		PACKAGING	QUANTITY LOST IN CASES	USDA VALUE PER CASE
				\$
				\$
				\$
				\$
TYPE OF LOSS <input type="checkbox"/> Outdated <input type="checkbox"/> Damaged/Spoiled <input type="checkbox"/> Infestation <input type="checkbox"/> Fire <input type="checkbox"/> Theft				
TYPE OF STORAGE <input type="checkbox"/> Dry <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen			TEMPERATURE PRODUCT(S) WAS STORED AT?	
WAS ANY FOOD SALVAGEABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS DAMAGED FOOD DESTROYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, BY WHOSE AUTHORITY?
WAS THE LOSS COVERED BY INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No			HAS A CLAIM BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, include a copy with this report	
EXPLAIN IN <b>FULL DETAIL</b> THE APPARENT CAUSE(S) OF LOSS AND PROVIDE INFORMATION ON HOW DAMAGED OR LOST FOODS WERE DISPOSED OF.				
<b>LOSS BY OUTDATED FOODS</b>				
WAS FOOD PALLETIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No			WAS FIRST-IN/FIRST-OUT OBSERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LOSS BY DAMAGED/SPOILAGE</b>				
WAS FOOD PALLETIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS FIRST-IN/FIRST-OUT OBSERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS DRY STORAGE AREA VENTILATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOW OFTEN ARE TEMPERATURES OF STORAGE AREAS CHECKED?			WAS THERE ADEQUATE SPACE BETWEEN ROWS AND WALLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LOSS BY INFESTATION</b>				
WAS FOOD PALLETIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS FIRST-IN/FIRST-OUT OBSERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No		WERE ANY PROBLEMS NOTED UPON RECEIPT? <input type="checkbox"/> Yes <input type="checkbox"/> No
IS A PROFESSIONAL EXTERMINATOR USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF COMPANY		
HOW OFTEN IS PEST CONTROL DONE? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (specify)				DATE OF LAST SERVICE
<b>LOSS BY FIRE</b>				
LOCATION OF LOST USDA FOODS IN RELATION TO THE FIRE			WAS DAMAGE CAUSED ONLY BY FLAMES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS THERE SMOKE/WATER DAMAGE OR COMBINATION THEREOF? <input type="checkbox"/> Smoke <input type="checkbox"/> Water <input type="checkbox"/> Combination of smoke and water			DID THE FIRE DEPARTMENT MAKE A REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, submit a copy with this report.	
<b>LOSS BY THEFT</b>				
WERE STORAGE AREAS LOCKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS A POLICE REPORT MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, include a copy with this report.
NAME AND TITLE OF PERSON COMPLETING THIS REPORT				DATE