Commodity Loss Form

Please use this form to record all TEFAP/USDA product that your agency throws away.

*Include pictures and or video of the items that were discarded.*

Date of occurrence: ______________________

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Agency No: (5-digit number assigned to your agency by Golden Harvest Food Bank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>County:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

**Type of Loss**

A. Adjustment to Inventory  
B. Contamination  
C. Infestation  
D. Freezer/Refrigerator Failure  
E. Theft or Fire (Police Report)  
F. Theft or Fire (No Police Report)  
G. Missing from sealed carton  
H. Damaged by worker  
I. Already damaged when removed  
J. Spoilage, mold, etc.

List all items that were damaged/spoiled.

<table>
<thead>
<tr>
<th>Commodity Name</th>
<th>Item No.</th>
<th>Type of Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refrigerator/Freezer Failure**

Complete the section if loss was related to refrigerator/freezer failure

<table>
<thead>
<tr>
<th>Damaged Item(s) - Storage Conditions</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palletized</td>
<td></td>
</tr>
<tr>
<td>Shelves</td>
<td></td>
</tr>
<tr>
<td>Dry</td>
<td></td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
</tr>
</tbody>
</table>

Temperature of storage area at the time of loss: __________________________

Date of last temperature check: __________________________

Frequency of temperature check(s): __________________________

Has the appliance been serviced by a certified technician?  
Yes_____  No_____

If yes, please provide documentation including cause of appliance failure.

Will a new appliance be purchased in the future?  
Yes_____  No_____

If yes, when purchased please provide documentation so we can update our records.
Infestation | Contamination – Spoilage

Complete the section if loss was related to an infestation, contamination, or spoilage

Insects: ____________________________
Rodents: __________________________
Other: (Explain) ______________________

Name of Exterminator: ____________________________
Frequency of Extermination: ______________________
Date of last treatment: ______________________

(Attach a copy of exterminator report)

---

Theft / Fire

Complete the section if loss was related to a theft or fire

Forced Entry Yes ___ No____
Insured for Theft Yes ___ No____
Locks/Alarms Yes ___ No____
Police Informed Yes ___ No____

How did you ensure final destruction of commodity?
_____________________________________________________________________________________
_____________________________________________________________________________________

Was the trash receptacle used located at your agency?  Yes ☐  No ☐
If no, what is the address of where the dumpster was located:
_____________________________________________________________________________________

_____________________________________________________________________________________

Agency Representative Signature ___________________ Date ____________
Witness Signature ___________________ Date ____________