



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

FOOD ITEM	CONTRACT OR ORDER NUMBER	QUANTITY LOST		USDA VALUE		TOTAL VALUE
		CASES	POUNDS	PER CASE	PER POUND	
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

TYPE OF LOSS
☐ Damaged/Spoilage ☐ Infestation ☐ Fire ☐ Theft ☐ Outdated Food

NAME AND TITLE OF PERSON RESPONSIBLE AT TIME OF THE LOSS

DATE OF DISCOVERY	LOCATION OF LOSS	DATES ON CASES
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DATE(S) SHIPMENT RECEIVED	TYPE OF STORAGE <input type="checkbox"/> Dry <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	WHAT TEMPERATURE WAS PRODUCT(S) STORED AT?
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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
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APPARENT CAUSE(S) OF LOSS (GIVE DETAILS)

DISPOSITION OF DAMAGED OR LOST FOODS

WAS FOOD INSPECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, BY WHOM? (NAME AND TITLE)	WHAT WERE THE RESULTS?
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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?
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LOSS BY DAMAGED/SPOILAGE

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
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HOW OFTEN ARE TEMPERATURES OF STORAGE AREAS CHECKED? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify)	WAS THERE ADEQUATE SPACE BETWEEN ROWS AND WALLS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LOSS BY INFESTATION

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	WAS FOOD PALLETIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IS A PROFESSIONAL EXTERMINATOR USED? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF COMPANY
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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
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LOSS BY FIRE

LOCATION OF LOST COMMODITIES IN RELATION TO THE FIRE	WAS DAMAGE CAUSED ONLY BY FLAMES? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.
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LOSS BY THEFT

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.
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LOSS BY OUTDATED FOODS

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
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NAME OF PERSON COMPLETING THIS REPORT	TITLE	DATE
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