

**ARKANSAS DEPARTMENT OF EDUCATION
DIVISION OF ELEMENTARY AND SECONDARY EDUCATION
DISTRICT OPERATIONS
FOOD DISTRIBUTION UNIT
USDA FOOD LOSS REPORT**

Program Name: _____

Recipient Agency: _____ RA#: _____

Address of Loss Site: _____

County: _____ Date/Time of Loss: _____

USDA Code	USDA Food Item Name	Number of Cases	Unit Size	Package Date	Date Received

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: _____

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 the Program the foods are funded through, name of your facility, county, name and address of less 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 or 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 including all losses except theft.

LETTER OF CIRCUMSTANCES: Must be submitted including 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 the 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 Food Distribution Unit Program Eligibility Specialist. Return completed form within 10 days of a food loss to:

**Arkansas Department of Education
Division of Elementary and Secondary Education
District Operations - Food Distribution Unit
4 Capitol Mall, Box 19
Little Rock, AR 72201**