

# Exhibit 13.3. Example of the USDA Donated Food Loss Report

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**Mississippi Department of Education  
Office of Child Nutrition  
P.O. Box 771  
Jackson, Mississippi 39205**

**FOR STATE USE ONLY**

State Claim No. _____
Total Value _____

**1. GENERAL**

- A. Recipient agency \_\_\_\_\_
- B. Date of loss \_\_\_\_\_
- C. Location of loss \_\_\_\_\_
  - (1) On premises \_\_\_\_\_
  - (2) Central warehouse \_\_\_\_\_
  - (3) Commercial warehouse \_\_\_\_\_

**D. Name of Food Loss**

	1	2	3	4	5	6
(1) Food						
(2) Section						
(3) Contract #						
(4) Pack date						
(5) Date received						
(6) Quantity lost						
(7) Unit value	\$					
(8) Total value	\$					
(9) Grand Total	\$					

**2. DONATED FOODS LOST BY INFESTATION, SPOILAGE OR CONTAMINATION**

- A. Insects \_\_\_\_\_ Rodents \_\_\_\_\_ Other \_\_\_\_\_
- B. Food examined when received YES \_\_\_\_\_ NO \_\_\_\_\_ If not, why \_\_\_\_\_
- C. Extermination (Pest Control)
  - (1) Frequency of treatment \_\_\_\_\_
  - (2) Date of last treatment \_\_\_\_\_
- D. Storage conditions
 

	YES	NO
(1) Pallets or Shelves	_____	_____
(2) Ventilated	_____	_____
(3) First in, first out usage	_____	_____
(4) Temperature	_____	_____

Comments \_\_\_\_\_

**3. DONATED FOODS LOST BY FREEZER OR COOLER FAILURE**

- A. Food examined when received YES \_\_\_\_\_ NO \_\_\_\_\_ If not, why \_\_\_\_\_
- B. Temperature checks
  - (1) Frequency \_\_\_\_\_
  - (2) Date of last Freezer or Cooler temperature check \_\_\_\_\_
  - (3) Temperature readings taken: YES \_\_\_\_\_ NO \_\_\_\_\_
 

Inside	_____	_____
Outside	_____	_____
- C. First in, first out usage \_\_\_\_\_
- D. Warning system \_\_\_\_\_
- Comments \_\_\_\_\_

**Exhibit 13.3. Example of the USDA Donated Food Loss Report (continued)**

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4. DONATED FOODS LOST BY THEFT

Circumstances under which donated foods were stolen:

A. Security precautions:

- (1) Who has access? \_\_\_\_\_
- (2) What type of locks or locking devices were used? \_\_\_\_\_
- (3) Was there a watchman on duty? \_\_\_\_\_

B. Report of loss:

- (1) Was matter reported to Police? Yes \_\_\_\_\_ No \_\_\_\_\_
- (2) Did the Police make a report? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, obtain a copy and submit)
- (3) Was the thief apprehended? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, is recovery of loss possible?)

C. Insurance:

- (1) Was there Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
- (2) Were USDA donated foods covered by Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

5. DISPOSITION OF FOODS

A. Did a County Health Dept. Sanitarian inspect foods?

Yes \_\_\_\_\_ By Whom \_\_\_\_\_ Attach report  
No \_\_\_\_\_ If not, why \_\_\_\_\_

B. Food condemned

Yes \_\_\_\_\_ By Whom \_\_\_\_\_ Attach report  
No \_\_\_\_\_ If not, why \_\_\_\_\_

C. Food salvaged or recouped Yes \_\_\_\_\_ No \_\_\_\_\_

- (1) On whose authority? \_\_\_\_\_
  - (2) How were foods destroyed? \_\_\_\_\_
- Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Recipient Agency Representative Title Date

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6. RECOMMENDATIONS

- A. Total value of lost food(s) \_\_\_\_\_
- B. Payment recipient agency received \_\_\_\_\_  
from warehouse, insurance or  
freezer company
- C. Salvage income \_\_\_\_\_
- D. Total claim \_\_\_\_\_

7. DISTRIBUTING AGENT'S RECOMMENDATION

- A. Claim \_\_\_\_\_ No claim \_\_\_\_\_
- B. Was negligence involved in this loss? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explanation \_\_\_\_\_

\_\_\_\_\_  
Distributing Agent's Signature Date

(SEE INSTRUCTIONS ON PAGE 3)