

Losses By Spoilage

| Temperature of Storage Area At Time Spoilage Was Discovered | How Often Are Temperatures of Storage Area Checked? | | | Warning Device | |
|--|---|--------|--|----------------|----|
| | Daily | Weekly | Other (Specify) | Yes | No |
| Freezer | | | | | |
| Refrigerator | | | | | |
| Dry Storage | | | | | |
| Name of person temperatures monitored by: | | | Title: | | |
| Is Professional Pest Control Used? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Name of Company | | |
| Pest Control Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (Specify) | | | Date of Last Control Service | | |
| Are Commodities Stored off the Floor <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Are the Dry Storage Areas Ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is Loss Covered By Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Has Claim Been Filed With Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Give complete details regarding loss: | | | | | |

Losses By Theft

| | | | |
|--|---|--|--|
| Are Storage Areas Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No | Freezer(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Refrigerator(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Dry Storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Did Police Investigate Theft? <input type="checkbox"/> Yes (if yes, include copy of report) <input type="checkbox"/> No | | | |
| Is Loss Covered By Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has Claim Been Filed With Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Give complete details regarding the theft: | | | |

| | | |
|--|-------|------|
| Signature of authorized representative | Title | Date |
| Signature of state agency representative | Title | Date |

Return to: South Dakota Department of Education
 Child and Adult Nutrition Services Food Distribution
 800 Governors Drive
 Pierre, SD 57501-2235
 Email: DOE.SchoolLunch@state.sd.us
 Fax: 605-773-6846 follow with call to 605-773-3413 to confirm receipt

This agency is an equal opportunity provider.