

COMMODITY LOSS REPORT

If you have any questions regarding commodity loss or this form, please call (605) 773-4736. Physically separate spoiled or damaged product, but DO NOT dispose until you receive approval from Child and Adult Nutrition Services office. Complete one form per incident and send it immediately to the TEFAP Program Specialist or email the form to DOE.SchoolLunch@state.sd.us. If the form is faxed (605-773-6846), please call to ensure the document was received.

PROGRAM:

Agency:	Phone:	Agreement Number:
Person Reporting Loss:	Title:	Report Date to CANS:
Type of Loss: <input type="checkbox"/> Theft <input type="checkbox"/> Spoilage <input type="checkbox"/> Other Damages (specify):		
Date & Time Loss Discovered:	Approximate Date & Time of Loss:	

Location of Loss

Check box if information is the same as above:

Agency Name:	Address:
Commercial Storage:	Address:
Has agency previously had a similar loss? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date last report filed:

List Items Lost

Commodity Description	Material Number	Quantity (Case number)

Type of Loss

Loss by Damage

If the loss was due to damage, what type was it?

- Warehouse Handling Commodity Received Damaged

Losses by Spoilage

Record the temperature of the following areas at the time the spoilage was discovered: Freezer(s): Refrigerator(s): Dry Storage:	
Frequency of temperature storage areas checked: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify):	
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
Give complete details regarding loss:	

Losses by Theft

If the loss was due to theft, immediately contact the police and obtain a police report. Include a copy of this report with your form submission. Theft includes embezzlement, willful misapplication, and fraud.

Are the following storage areas locked? 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	
Is loss covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a claim been filed with insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give complete details regarding the theft:	

Signature of Authorized Representative	Name and Title	Date
Signature of State Agency Representative	Name and Title	Date