KY-FD-25-FB (Rev. 7/06)

DONATED FOOD LOSS REPORT

For Office Use Only	
State Claim #	
Total Value \$	

Name of Food Bank/Food Pantry/Soup Kitchen where loss occurred:

THE INFORMATION YOU PROVIDE IN THIS REPORT WILL BE USED TO DETERMINE WHETHER OR NOT

GENERAL:				
Date of this report:(All food losses must be r		red: Distribution Office within ten d	lays of the date of loss)
Was food examined when received: Yes \[\] No \[\] If not, why \[\]				
Is First In/First Out practi	ced Yes N	o If not, why		
Food				
Pack Date				
Date Received				
Cases + Units Lost				
Case Value (from KY-FD-				
26-FB)				
Total Value				
(attach additional Sheets) Circumstances surre	ounding this loss	s. Be as detailed as possib BE COMPLETED FOR AL		onal pages as n
(attach additional Sheets) Circumstances surre	ounding this loss	_	ble. Attach additio	
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COMPLETE ONE OF THE FOLLOWING SECTIONS APPLICABLE TO THIS FOOD LOSS

II. FREEZER/COOLER FAILURE:

A COPY OF THE CURRENT TEMPERATURE RECORDING CHART AND THE PRIOR TWO MONTHS TEMPERATURE RECORDING CHARTS \underline{MUST} ACCOMPANY THIS LOSS REPORT.

	Temperature Checks: Frequency which temperatures are checked and recorded: Readings Taken From: Internal Thermometer External Thermometer Is there an Electronic Warning System
III.	INFESTATION/SPOILAGE/CONTAMINATION: Loss was caused by: Insects infestation: Rodent damage: Other: (specify) Extermination treatment provided: Yes No Service provided by: Frequency of treatment: Date of last treatment: Storage Conditions: Yes No Palletized
	SE ATTACH COPIES OF THE PERPETUAL INVENTORY REPORT (KY-FD-20) FOR EACH ITEM, AND THE PERATURE RECORDING CHART FOR THE PAST TWO MONTHS.
IV.	THEFT: Were the Police Informed: Yes A copy of the Police Report must be attached. No If no, why: Thief's Method of Entry: Were Locks and/or Alarms Used:
V.	DISPOSITION OF FOOD: Was Food Inspected by the Health Department: Yes By (Attach Report)
	No _ If not, why: Finding of Inspection: Food Condemned _ Other Food Destroyed: On whose authority was food destroyed: How was food destroyed:
VI.	RECOMMENDATION OF THE FOOD BANK:
	No Claim Claim Comments:
	Signature Date
	RECOMMENDATION OF THE STATE AGENCY: No Claim Claim Comments: Signature Date