

IV. STORAGE PRACTICES AND FACILITIES:

9) Are the following records maintained:

- a) Foods received from the State Warehouse (KY-FD-3-FB)?
- b) Inventory Records (KY-FD-20-FB)?

Yes No
 Yes No

10) Complete the Review of Storage Facility, KY-FD-33-FB

11) Complete the Physical Inventory, KY-FD-34-FB.

V. DISTRIBUTION/REIMBURSEMENT RECORDS:

12) Has the FB conducted training for sub-outlet personnel?
If yes, give dates and topics covered:

Yes No

13) Was a list of those attending maintained?

Yes No

VI. COMMODITY LOSSES

14) Have there been any commodity losses in the review month?
If yes, explain below:

Yes No

COMMODITY	AMOUNT	REASON	DATE REC'D BY SA

15) Were the proper procedures followed in the losses?

Yes No

VII. FOOD ORDERING PROCEDURES

16) What is the procedure for your agency to determine what will be purchased?

17) How does the agency order the commodities?

VIII. CIVIL RIGHTS COMPLIANCE

18) Is the "...And Justice For All" poster in a prominent place within the facility? Yes No

19) Is there a system for handling complaints? Yes No

If yes, describe:

20) Have any discrimination complaints been received? Yes No

If yes, what action was taken?

21) Have all employees received or attended civil rights training? Yes No

22) Do printed materials and websites contain the non-discrimination statement? Yes No

23) How are applicants and participants advised of their right to file a Civil Rights complaint of discrimination?

24) Are reasonable steps taken to ensure meaningful access for persons with limited English proficiency? If yes what steps taken? Yes No

IX. FOR-PROFIT COMPANIES AGREEMENT:

25) Do you have an agreement with a for profit company to deliver food packages? Yes No

26) How many food packages are being delivered each month? _____

27) Review the contract/agreement between the food bank and the for-profit company.

X. REMARKS:

Name of Reviewer: _____

Date: _____

REVIEW OF STORAGE FACILITY

NAME OF SK/FB/FP: _____ REVIEW DATE: _____

	YES	NO
1. Is space adequate?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is space in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is storage area secure from theft?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are foods stored separately from pesticides, herbicides, cleaning solvents, lubricants or other materials that could contaminate the foods?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are foods palletized and/or on shelves and store away from walls?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is first-in, first-out method used according to packing date?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there regular extermination treatments? What is the frequency of the treatment? _____ Date of last treatment and by who? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is storage area free of rodent and insect infestation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the facility contain internal thermometers in each storage area? Record temperature in: a) Refrigerator _____ b) Freezer _____ c) Dry Storage _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the facility maintain a Temperature Recording Chart in each storage area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the State and Local Health Department require inspection certificates? If yes, note last inspection date & rating _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Is TEFAP & CSFP food stored separately? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Comments: _____		

PHYSICAL INVENTORY

NAME OF FB: _____ DATE: _____

COMMODITY / PACK SIZE	PACK DATE	PHYSICAL INV.	BOOK INV.	GAIN/ LOSS +/-	TOTAL VALUE +/-	AVERAGE MONTHLY DISTRIBUTION	NUMBER MONTHS SUPPLY

Total Value of Overages \$ _____ Shortages \$ _____ Differences +/- _____

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Total Value of Overages \$ _____

Shortages \$ _____

Differences +/- _____