



COMMODITY LOSS REPORT

General Information: (Please complete one form per commodity)

Commodity: _____ Qty (*Units*): _____ Date Loss Reported: _____

Contact: _____

Agency Name: _____

Mailing Address: _____

City / State / Zip Code: _____

Phone Number: (____) _____ - _____

Location where loss occurred (if different from Agency Address):

Check Type of Loss:

- Refrigeration Failure Infestation Theft
 Damages Expired Shelf Life
 Other (Explain) _____

General Storage Condition

Was product stored on: Shelves Pallets

Did you distribute "First In-First Out"? Yes No

Theft Information

Was the loss reported to local police? Yes – Attach a copy of police report

No – Why not? _____

Did you contact PBC Food Bank prior to its disposal? Yes – the contact was: _____

No – Why not? _____

How was the food destroyed?: _____

REPORT COMPLETED BY: _____

Print Name

Signature

DATE REPORT COMPLETED: ____ / ____ / ____