COMMODITY LOSS REPORT

General Information: (Please complete one form per commodity)

Commodity: _____ Qty: _____ 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 Farm Share 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: ____ /____ /____