

**ARKANSAS DEPARTMENT OF EDUCATION**  
**DISTRICT OPERATIONS**  
**FOOD DISTRIBUTION UNIT**  
**USDA FOOD LOSS REPORT**

Recipient Agency: \_\_\_\_\_ RA#: \_\_\_\_\_

Address of Loss Site: \_\_\_\_\_

County: \_\_\_\_\_ Date/Time of Loss: \_\_\_\_\_

USDA Code	USDA Food Item Name	Number of Cases	Unit Size	Package Date	Date Received

Reason for Loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach the following documentation:**

- Health Department Destruction Report
- Letter of Circumstances (must be submitted on all claims)
  - Circumstances surrounding the loss
    1. Condition of the foods upon receipt
    2. Temperature of the foods upon receipt
    3. Description of storage (shelves, pallets, away from wall, adequate space allowed, storage temperatures within range as specified by USDA, locked)
- Repair Invoice (if equipment failure)
- Temperature Logs
- Police Report (If theft)
- Insect & Rodent Control Records

Signature/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

## **FOOD LOSS REPORT INSTRUCTIONS**

THIS FORM IS TO BE USED FOR REPORTING ALL LOSSES OF USDA DONATED FOODS.

**COMPLETE:** Name of your facility, name and address of loss site, and date and time of loss.

**FOOD CODE:** The code number of the USDA Donated Food

**FOOD ITEM NAME:** Name of USDA Donated Food

**NUMBER OF CASES:** Number of cases

**UNIT SIZE:** Packaging size for each unit (Example: 6/5# bags, 6/#10 cans, 30#)

**PACKAGE DATE:** Package date on product or carton

**DATE RECEIVED:** Date of USDA food received at site

**REASON FOR LOSS:** Infestation, equipment malfunction, theft, out of condition

**HEALTH DEPARTMENT DESTRUCTION REPORT:** Must be submitted on all losses except theft

**LETTER OF CIRCUMSTANCES:** Must be submitted on ALL LOSSES giving details of loss, and planned protective measures to prevent future losses

**REPAIR INVOICE:** Copy of repair invoice if loss is due to equipment malfunction

**TEMPERATURE LOG:** A copy of three months' records must be submitted on all claims which involve freezer and/or cooler malfunction

**POLICE REPORT:** Copy of police report if loss is due to theft or break-in

**INSECT AND RODENT CONTROL RECORDS:** Copy of service call or treatment schedule invoice from the pest control company if loss is due to insect or rodent infestation

For assistance in completing this form, please call our office at 501-371-1400.

**Return completed form and documents within ten (10) days of loss.**

**Scan and Email to the Food Distribution Office**

**Mail:** Arkansas Department of Education

District Operations

Food Distribution Unit

PO Box: 1437 Slot: S 337

Little Rock, AR 72203-1437