LOWCOUNTRY FOOD BANK

Partner Food Bank Program/Host Site Monitoring Form

Monitoring Visit & Monitor Information

*** Program Site Name** Text answer

*** Date of Visit** Date/time

Enter Date and Time:

___ ___ / ___ ___ / ___ ___ ___ ___

___ ___ : ___ ___ AM / PM

*** Date of Last Visit** Date/time

Enter Date and Time:

___ ___ / ___ ___ / ___ ___ ___ ___

___ ___ : ___ ___ AM / PM

*** Type of Visit** Select one

[ ] Announced
[ ] Unannounced
[ ] Annual/Biennial
[ ] Follow up

If answer is Follow up Answer Question(s) 4.0

4.0 - Describe reason for follow up: Text answer

*** Monitor Name**

Text answer

*** Monitor Title**

Text answer

*** Site Staff Person Interviewed**

Text answer

Contact Information

*** Program Host Site Address**

Text answer

*** Host Site Phone**

Text answer

*** Primary Program Contact**

Text answer

*** Primary Contact Email**

Text answer

Primary Contact Phone

Text answer

*** Program Type**

Multiple choice

[ ] School Pantry
[ ] School Market

[ ] BackPack Buddies

[ ] Food for Health

Program Agreement Standards

*** Are Donated Products offered free of charge to the program recipients?** Select one

[ ] Yes

[ ] No

*** Has at least one regular staff/volunteer on site completed the appropriate level of food safety training based on the Program/Host Site model?** Select one

[ ] Yes

[ ] No

*** If the Program Site is inspected by local or state regulatory agencies, are copies of the inspection reports available for review?** Select one

[ ] Yes

[ ] No

[ ] N/A

*** Were any corrective actions required and addressed appropriately by program staff?** Select one

[ ] Yes

[ ] No

[ ] N/A

Food Delivery

Date of most recent delivery (if applicable)? Date/time

Enter Date and Time:

___ ___ / ___ ___ / ___ ___ ___ ___

___ ___ : ___ ___ AM / PM

*** Do site staff have copies of previous delivery/pick-up forms kept on file for at least one year?** Select one

[ ] Yes
[ ] No

Is the current delivery schedule working for the Program/Host Site staff and/or volunteers? Select one

[ ] Yes
[ ] No

If answer is No Answer Question(s) 3.0

3.0 - If "no", please explain: Text answer

Does the Program/Host Site receive food from other sources than the food bank? Select one

[ ] Yes
[ ] No
[ ] N/A

If answer is Yes	Answer Question(s) 4.0
4.0 - If "yes", please describe:	Text answer

Storage - General

The Program/Host Site location is: Select one

[ ] Brick & Mortar
[ ] Mobile

Where is the program distribution physically located? Text answer

Where are food and supplies for the program stored? Text answer

*** Are all products for distribution properly labeled?** Select one

[ ] Yes
[ ] No

*** Are all products for distribution within acceptable use-by dates/with approved code-date extensions as allowed by food manufacturer/Partner Food Bank?** Select one

[ ] Yes
[ ] No

*** Are products stored at least 6 inches off the ground?** Select one

[ ] Yes
[ ] No

Are products stored at least 6 inches below the ceiling? Select one

[ ] Yes

[ ] No

Are products stored away from the wall to facilitate cleaning and inspection? Select one

[ ] Yes

[ ] No

Are non-perishable foods stored in a temperature-controlled space? Select one

[ ] Yes

[ ] No

*** Are all foods stored away from cleaning materials and toxic chemicals?** Select one

[ ] Yes

[ ] No

*** Are all cleaning materials and toxic chemicals stored in a locked and ventilated area?** Select one

[ ] Yes

[ ] No

*** Are all foods stored in a clean and sanitary condition?** Select one

[ ] Yes

[ ] No

*** Are there signs of pests where foods are stored?** Select one

[ ] Yes

[ ] No

If answer is Yes Answer Question(s) 13.0, 13.1

*** 13.0. If "yes", please describe:** Text answer

13.1 - Add applicable documentation Media

Does the facility use an outside pest control vendor? Select one

[ ] Yes
[ ] No

Does the facility complete internal pest inspections? Select one

[ ] Yes
[ ] No

*** Are foods stored in a space that has restricted access/is lockable?** Select one

[ ] Yes
[ ] No

Who has access to the food storage area? Text answer

How are program food items rotated? Are product dates checked? Are expired or past best buy dated items discarded? Text answer

Add photos of storage area:	Media

Storage - Perishable Markets

Use the N/A response only for box partners. If a market, a yes or no response is required. Enter 0 for temp for box partners.

Instruction

*** Are perishable foods stored properly in approved* refrigerators/freezers?**

Select one

[ ] Yes
[ ] No
[ ] N/A

*** Do all cold storage containers have thermometers?**

Select one

[ ] Yes
[ ] No
[ ] N/A

*** Are all thermometers calibrated at least annually?**

Select one

[ ] Yes
[ ] No
[ ] N/A

*** Are all Refrigerated Units kept at 41 or below?**

Select one

[ ] Yes
[ ] No
[ ] N/A

*** Record the current temperatures of refrigerated units:**

Number

_____ °F

*** Are Freezer Units keeping frozen food frozen solid?**

Select one

[ ] Yes
[ ] No

[ ] N/A

*** Record the temperature of freezer units:** Number

_____ °F

*** Are temperatures of cold storage units documented twice a day?** Select one

[ ] Yes
[ ] No
[ ] N/A

*** Have there been any issues with keeping TCS/perishable foods at proper temperatures?** Select one

[ ] Yes
[ ] No
[ ] N/A

If answer is Yes — Answer Question(s) 10.0

10.0 - If "yes", please describe: Text answer

Add any photos as needed: Media

Participation/Outreach

How are eligible Program participants notified about the program services?

Text answer

Are participants given other resources information

Select one

[ ] Yes

[ ] No

If answer is Yes

Answer Question(s) 2.0

2.0 - If "yes", please describe:

Text answer

*** How do staff determine Program participant eligibility?**

Text answer

Distribution

What best describes the distribution schedule? Multiple choice

[ ] Regular Hours/Set Dates & Times
[ ] By Appointment
[ ] As Needed

Hours of Distribution: Text answer

Describe the process for distributing food: Text answer

What are the most popular food items? Text answer

What are the least popular food items? Text answer

What non-food items are needed? Text answer

What happens to leftover food?

Text answer

Record Keeping/Tracking

What information is being tracked?

Text answer

How is the information tracked?

Text answer

Who is tracking the information?

Text answer

Where is the information kept?

Text answer

If reports are required, are they turned in to LCFB on tme and accurate?

Select one

[ ] Yes

[ ] No

Site Staff

Who receives the product during deliveries?

Text answer

Is an authorized staff person available to sign for deliveries?

Select one

[ ] Yes

[ ] No

Who is responsible for product storage?

Text answer

Who is responsible for product distribution?

Text answer

Who is responsible for handling leftover food?

Text answer

Have site staff operating the program received food safety training from the food bank?

Select one

[ ] Yes

[ ] No

Is there sufficient personnel support on site to properly operation the program?

Select one

[ ] Yes

[ ] No

Do site staff appear to be knowledgeable on the program?

Select one

[ ] Yes

[ ] No

Suggestions to improve sharing of information about the program:

Text answer

Findings and Recommendations

If problems were noted during the last visits, have they been corrected? Select one

[ ] Yes
[ ] No
[ ] N/A

List areas of concern identified and discussed during this visit: Text answer

List recommendations/corrective actions and agreed upon timeline(s) for completion: Text answer

Is a follow up visit required? Select one

[ ] Yes
[ ] No

If answer is Yes — Answer Question(s) 4.0

4.0 - If "yes", date for follow-up visit: Date/time

Enter Date and Time:

___ ___ / ___ ___ / ___ ___ ___ ___

___ ___ : ___ ___ AM / PM

When corrective actions and follow-up have been completed, fill-in this information:

Text answer

Other comments/observations:

Text answer

Best Practices or Commendations to note:

Text answer

Signatures

*** Signature of Lowcountry Food Bank Monitor**

Signature

_____

Date: __ __ / __ __ / __ __ __ __

*** Name & Title of Program/Host Site Staff interviewed**

Text answer

*** Signature of Program/Host Site Staff interviewed**

Signature

_____

Date: __ __ / __ __ / __ __ __ __