

**TENNESSEE DEPARTMENT OF AGRICULTURE - COMMODITY DISTRIBUTION
DONATED FOOD LOSS REPORT**

To be completed by Tennessee Department of Agriculture (TDA):	Claim Number: _____ Total Value of Loss: _____ Contract Number: _____
--	---

Date This Loss Report was Completed: _____
 Date Loss Discovered: _____
 Date Recipient Agency Notified TDA: _____

Recipient Agency Name: _____

Location Where Loss Occurred: _____

Food:				
Pack Date:				
Date Received:				
Quantity Lost:				
Best Used By:				
Unit Value:				
Total Value:				

Infestation/Spoilage/Contamination

Insects: ____ Rodents: ____ Other (explain): ____
 Expired _____

Food examined when received? Yes: ____ No: ____
 If no, why not? _____

Extermination treatment frequency: _____

Date of last treatment: _____

Storage conditions:	YES	NO
Palletized	_____	_____
Ventilated	_____	_____
First in, first out	_____	_____

Temperature range: _____

Comments: _____

Freezer Failure

Food examined when received? Yes: ____ No: ____ If not, why not? _____

Frequency of temperature checks: _____

Date of last check: _____ (attach a copy of the temperature log for the month of the loss)

Storage Conditions	YES	NO
Readings taken inside	_____	_____
Readings taken outside	_____	_____
First in, first out	_____	_____
Warning system	_____	_____
Freezer Insured	_____	_____

Comments: _____

Theft

Were the police informed? Yes: ____ No: ____ (Attach copy of police report if available)
If no, why not? _____

Thief's method of entry: _____

Locks and alarms used: _____

Insured for theft? Yes: ____ No: ____

Comments: _____

Disposition of Food

Food inspected? Yes: ____ By: _____ (Attach report)
No: ____ If no, why not? _____

Food condemned? Yes: ____ By: _____ (Attach report)
No: ____

Food salvaged or recouped? Yes: ____ For what amount? _____
No: _____

Food destroyed? Yes: ____ No: ____
If yes, on whose authority? _____
How was the food destroyed? _____

Summary

Total value of lost food(s): _____
Payment recipient agency received from
warehouse, insurance, or freezer company _____
Salvage income/value of recouped food _____

Total claim _____

Was negligence involved in this loss? Yes: ____ No: ____

Reason: _____

Signature of Recipient Agency Representative Title Date

TDA Recommendation

No claim: _____ Claim: _____

Reason: _____

Signature of TDA Official Date