Food Rescue Site Visit

Date: _____ **Monitor Name:** _____

Part 1: Contact Information – To be completed prior to visit

Program or Organization: _____
Site Address: _____
ADR Main Contact: _____
Email: _____ Phone: _____
ADR Reporting Contact: _____
Email: _____

Part 2: Rescue Schedule & Evaluation

The organization currently collects at the following Donors:

Donor Name, City	Collection Days M	T	W	R	F	Sa	Su
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes:____ No ____ Yes							
_____	☐	☐	☐	☐	☐	☐	☐
Contact for schedule changes: No Yes							

Does the organization have rescue partnerships outside of the ADR program? ☐ Yes ☐ No

If yes, list Donors here (including 3rd party rescue organizations ex: Careit, Chowmatch, etc.):

_____

Notable issues/compliments on rescue partnerships:

_____

☐ Follow up requested w/ Donor (see notes in follow-up section)

Part 3: Agency Direct Rescue Program Policies & Requirements

Sub-Distribution Policies

Does organization sub-distribute excess rescued products? □ Yes □ No

□ If yes is indicated above, the Agency Partner maintains a list of organizations receiving sub-distributed products with contact information in case of a product recall.

□ Sub-distributed product is reported as rescue and included with original rescue report.

Names of *Agency Partners* receiving subdistributed product:

_____

_____

Names of *outside organizations* receiving subdistributed product:

_____

_____

Agency Partner Staff & Volunteers Participating in Agency Direct Rescue

How many staff/volunteers are involved with picking up, transporting, or delivering ADR donations?

Actively Rescuing: _____ Delivering: _____ **TOTAL**: _____
Sorting/weighing: _____ Distributing: _____

□ All Agency Partner staff and/or volunteers participating in Agency Direct Rescue activities such as picking up, transporting, or delivering rescued food to/from the donation site, Agency Partner site, or delivered to recipients are food safety certified through the SLO Food Bank or California Food Handler's certification.

□ Primary Agency Partner ADR contact maintains a list of active staff and/or volunteers participating in ADR, as well as food safety certifications for the staff and/or volunteers.

□ Food safety certifications of staff and/or volunteers participating in ADR are available for viewing in Agency Partner records upon request.

Reporting

□ Agency Partner follows weekly reporting schedule.

□ Agency Partner includes waste in ADR reporting (food which is inedible at time of donation).

□ Agency Partner notifies Food Rescue Team of schedule changes/missed pickups.

Notes on reporting: _____

_____

_____

Agency Partner Food Program Information

Food program hours of operation: _____

Does food program accept donations from the public? Check next to each applicable category.

□ Shelf-stable foods □ Perishable foods □ Produce □ Other: _____

Product Category Types (Rescued/Donated)

Most desired: _____
Often excess: _____
Accepted non-food: _____

Food Safety:

□ Agency Partner staff and/or volunteers measure the temperature of ADR donated food products at the donation site upon pickup as well as the Agency Partner site upon delivery.

□ Agency Partner maintains a record of the temperatures taken at time of donation and at Agency Partner site.

□ Agency Partner had temperature logs available for viewing upon request during this site visit.

□ Agency Partner temperature logs are accurate and complete in accordance with Agency Partner's ADR schedule and recorded pickups.

□ Agency Partner ensures time and temperature controlled (TCS) food donations are held at appropriate temperatures (below 41°F for refrigerated and fully frozen for frozen) during transportation from the donor, throughout sorting and weighing, and throughout distribution.

Notes/Follow-Up: _____

_____

_____

Equitable Distribution:

Program staff/volunteers experiencing food insecurity may receive the same services as other individuals accessing the Agency Partner's food services. These individuals must be accounted for in SLO Food Bank and Agency Partner records like any other distribution and may not receive any preferential treatment or food choices, including early access to food or preferential selection of products.

□ Agency Partner ensures staff and/or volunteers receive ADR and SLO Food Bank sourced food in the same manner as the general public or program participants of the Agency Partner's food program.

Part 4: Storage & Equipment

Cold/Dry Storage					Capacity Notes
Dry storage	# of shelving units:				
Refrigerators	Home	Commercial		Walk-in	
Unit 1	☐	☐		☐	
Unit 2	☐	☐		☐	
Unit 3	☐	☐		☐	
Unit 4	☐	☐		☐	
Freezers	Home	Commercial	Walk-in	Chest	
Unit 1	☐	☐	☐	☐	
Unit 2	☐	☐	☐	☐	
Unit 3	☐	☐	☐	☐	
Unit 4	☐	☐	☐	☐	

Equipment Inventory		
Small equipment	**Quantity**	**Notes/Requests for support**
Portable cooler(s)		
Thermal blanket(s)		
Scale		
No-contact therm(s)		
Utility cart(s)		

Part 5: Conclusion & Additional Notes

☐ Were there any findings that suggest a need for corrective action?

☐ Will there be a follow-up visit to address these findings?

Note: If either of the above boxes are checked, a Partner Corrective Action Form must be completed and sent to the primary contact on the account. Please highlight violations on this form for documentation.

Monitoring Results

☐ Continued Approval	Comments:
☐ Follow-Up Needed ☐ Corrective Action Needed	Comments:

Additional Questions & Notes

Follow-Up Needed

Signatures

By signing this form, I agree that the information recorded herein during this monitoring visit is accurate.

Organization (Partner) Representative	Title	Date

SLO Food Bank Representative	Title	Date