

North Carolina DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES
FOOD DISTRIBUTION DIVISION
PO Box 659
Butner, NC 27509-0659
Phone (919) 575-4490 Fax (919) 575-4143
USDA FOOD LOSS REPORT

State Claim No. _____

(Please complete and return this form immediately.)

1. General

Date of report _____ Date of loss _____
 Recipient Agency Name _____ Telephone # _____
 Location _____
 Own premises _____ Central warehouse _____ Commercial warehouse _____

Food	Indicate Bonus Or Non-Bonus	Pack Date	Date Received	Quantity Lost	Unit Value	Total Value

Grand Total \$ _____

II. Infestation/Spoilage/Contamination

Insects _____ Rodents _____ Other _____
 Food examined when received: Yes _____ No _____ If not, why? _____
 Extermination
 Frequency of treatment _____
 Date of last treatment _____
 Storage Conditions Yes No Temperature range _____
 Palletized _____ _____ Comments _____
 Ventilated _____ _____ _____
 First in, First out _____ _____ _____

III. Freezer Failure

Food examined when received Yes _____ No _____ If not, why? _____
 Temperature Checks
 Frequency _____ Date of last check _____
 Readings taken Yes No
 Inside _____ _____
 Outside _____ _____
 First in, First out _____ _____
 Warning system _____ _____
 Comments _____

IV. Theft
 Police informed
 Yes _____ (Attach police report)
 No _____ If not, why? _____
 Thief's method of entry _____
 Locks and alarms used Yes _____ No _____
 Covered by insurance Yes _____ No _____
 Comments _____

V. Disposition of Food
 Food inspected
 Yes _____ By _____ (Attach report)
 No _____ If not, why? _____
 Food condemned
 Yes _____ By _____ (Attach report)
 No _____
 Food salvaged or recouped Yes _____ No _____
 Food destroyed
 On whose authority _____
 How? _____
 Comments _____

VI. Recommendation
 Total value of lost food(s) \$ _____
 Payments recipient agency received from
 Warehouse, insurance or freezer company \$ _____
 Total Claim \$ _____
 Was negligence involved in this loss? Yes _____ No _____
 Reasoning _____

If claim is established, recipient agency desires to replace
 bonus food with (list **specific** item/items _____)

Replace non-bonus food with _____

 (Signature of Recipient Agency Rep.) (Title) (Date)

 (FOLLOWING TO BE COMPLETED BY NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES)

DETERMINATION
 _____ No Claim _____ Claim
 Replace **bonus** food with _____
 Replace **non-bonus** food with _____

Reasoning _____

 (Signature) Director, Food Distribution Division
 NC Department of Agriculture and Consumer Services (Title) (Date)