



FREESTORE FOODBANK
Partnerships and Programs
Site Visit Form

Agency Monitoring Form

Type of Food Program (Check if Yes)	<input type="checkbox"/> Existing Agency <input type="checkbox"/> New Agency
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Public		Private	
<input type="checkbox"/> Pantry	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Pantry	<input type="checkbox"/> Soup Kitchen

Date: _____ Last Site Visit: _____

Agency Name: _____ Agency Number: _____

Name of Food Program: _____

Agency Address: _____

County: _____

Mailing Address: _____

Parent Organization: _____

Website Address: _____

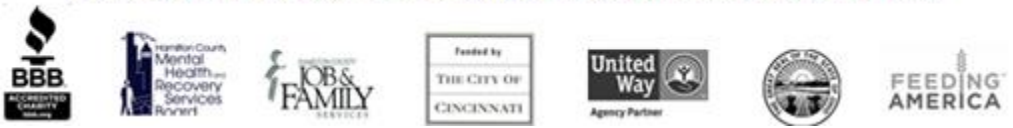
Public Phone Number: _____

Contact Persons			
Primary		Secondary	
Title:		Title:	
Email:		Email:	
Phone:		Phone:	

Yes	No	Operations Compliance Review
<input type="checkbox"/>	<input type="checkbox"/>	Are hours visible to the public
<input type="checkbox"/>	<input type="checkbox"/>	Is the Freestore Foodbank logo posted in a conspicuous location
<input type="checkbox"/>	<input type="checkbox"/>	Is food only distributed to the ill and / or needy defined by the IRS definition of needy?
<input type="checkbox"/>	<input type="checkbox"/>	Are clients free from financial or religion obligations or other requirements to obtain food?
<input type="checkbox"/>	<input type="checkbox"/>	Are all products obtained from the Freestore Foodbank distributed free of charge?
<input type="checkbox"/>	<input type="checkbox"/>	Is food obtained from the Freestore Foodbank only used for approved programs?

If 'No' to any of the above items, an action plan must be created to ensure compliance

We provide food and services; create stability and further self-reliance for people in crisis.





FREESTORE FOODBANK

Partnerships and Programs

Site Visit Form (Continued)

Agency Monitoring Form (Continued)

Operations									
Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun		
Hours of Operation									
Weeks Open	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth				
Frequency a client can receive services									
Distribution Method	<input type="checkbox"/> Traditional	<input type="checkbox"/> Choice	<input type="checkbox"/> Combination						

What Information is Verified During Client Intake?		
<input type="checkbox"/> Photo Identification	<input type="checkbox"/> Address / Residency	<input type="checkbox"/> Household Size

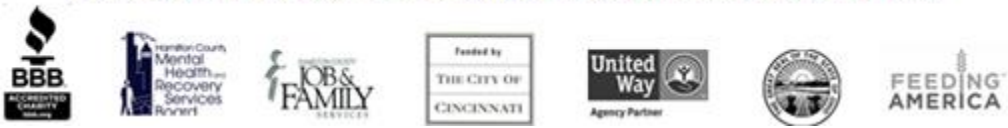
Yes	No	Items Available to Clients	Yes	No	Items Available to Clients
<input type="checkbox"/>	<input type="checkbox"/>	Non-Perishable Food Items	<input type="checkbox"/>	<input type="checkbox"/>	Produce
<input type="checkbox"/>	<input type="checkbox"/>	Frozen Foods	<input type="checkbox"/>	<input type="checkbox"/>	Baby Formula
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerated Foods	<input type="checkbox"/>	<input type="checkbox"/>	Non-Food Items
Other:					

On Site Feeding Program									
Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun		
Hours of Operation									
Weeks Open	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth				
Meals Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Snacks					
Type of Program	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Soup Kitchen						

Hot Meal Location Logs (Temperatures should be above 135 degrees Fahrenheit)			
Hot Meal Location ID	Temperature	Hot Meal Location ID	Temperature

Yes	No	Kitchen Health Compliance Review
<input type="checkbox"/>	<input type="checkbox"/>	Are sinks cleaned and maintained?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a designated sink for handwashing with soap and towels?
<input type="checkbox"/>	<input type="checkbox"/>	Is the stove cleaned and maintained?
<input type="checkbox"/>	<input type="checkbox"/>	Is the dining area clean?
<input type="checkbox"/>	<input type="checkbox"/>	Is the cookware clean?

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Site Visit Form (Continued)

Facility Evaluation

Dry Storage

Location Logs (Temperatures should be between 50 – 70 degrees Fahrenheit)					
Dry Storage ID	Temperature	Dry Storage ID	Temperature	Dry Storage ID	Temperature

Yes	No	Facility Compliance Review (All dry storage areas must be checked)
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Yes	No	
		Is food stored away from walls and ceiling?
		Is food stored off of the floor?
		Is stock rotated on a regular basis (Less than 3 months turnover?)
		Is the storage area free from moisture?
		Is food stored in a secured or locked area?
		Is the storage area clean?
		Are cleaning supplies isolated from food?
		Is there adequate circulation space for food storage?
		Are thermometers in ALL storage areas?
		Are temperature logs checked and managed consistently?
		Are temperature logs on file for 5 years?
		Is adequate dry storage space available?
		Are all poisonous substances isolated from food?

If 'No' to any of the above items, an action plan must be created to ensure compliance

Refrigeration

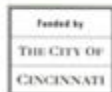
Location Logs (Temperatures should be at or below 41 degrees Fahrenheit)					
Cold Storage ID	Temperature	Cold Storage ID	Temperature	Cold Storage ID	Temperature

Yes	No	Facility Compliance Review (All refrigerated storage areas must be checked)
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Yes	No	
		Are thermometers in all refrigerators?
		Are temperature logs checked and managed consistently?
		Are temperature logs on file for 5 years?
		Is adequate refrigerated storage space available?
		Are refrigerator(s) well maintained?

If 'No' to any of the above items, an action plan must be created to ensure compliance

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Site Visit Form (Continued)

Facility Evaluation (Continued)
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Freezer

Location Logs (Temperatures should be at or below 0 degrees Fahrenheit)			
Dry Storage Location ID	Temperature	Dry Storage Location ID	Temperature

Yes	No	Facility Compliance Review (All frozen storage areas must be checked)
<input type="checkbox"/>	<input type="checkbox"/>	Are thermometers in all freezers?
<input type="checkbox"/>	<input type="checkbox"/>	Are temperature logs checked and managed consistently?
<input type="checkbox"/>	<input type="checkbox"/>	Are temperature logs on file for 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	Are freezers defrosted as necessary to prevent frost buildup and freezer malfunction?
<input type="checkbox"/>	<input type="checkbox"/>	Is adequate freezer storage space available?
<input type="checkbox"/>	<input type="checkbox"/>	Is incoming frozen food put in freezer promptly?
<input type="checkbox"/>	<input type="checkbox"/>	Are refrigerator(s) well maintained?

If 'No' to any of the above items, an action plan must be created to ensure compliance

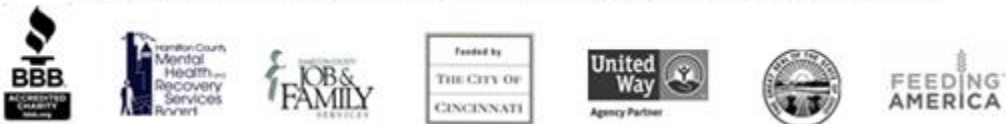
Food Safety

Yes	No	Food Safety Compliance Review
<input type="checkbox"/>	<input type="checkbox"/>	Does agency have a freezer blanket?
<input type="checkbox"/>	<input type="checkbox"/>	Are repackaged products done so appropriately?
<input type="checkbox"/>	<input type="checkbox"/>	Is Food Handling Certificate up to date?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Department of Health inspection up to date (Meal providers)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the agency have a contract with a licensed pest control firm?

Date:	
Date:	

If 'No' to any of the above items, an action plan must be created to ensure compliance

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Site Visit Form (Continued)

Facility Evaluation (Continued)
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Record Keeping

Yes	No	Facility Compliance Review
<input type="checkbox"/>	<input type="checkbox"/>	Are you on Pantry Track, Virtual Case Manager, or VESTA?
<input type="checkbox"/>	<input type="checkbox"/>	Are all monthly statistics reports on file (3 years)?
<input type="checkbox"/>	<input type="checkbox"/>	Are all Foodbank invoices on file (3 years)?
<input type="checkbox"/>	<input type="checkbox"/>	Are household eligibility guidelines posted in a conspicuous area for all languages?
<input type="checkbox"/>	<input type="checkbox"/>	Is the FSFB Partnership Agreement current with appropriate signatures for staff and partner?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an up-to-date copy of the 501 (c) 3 form (or church designation) for partner agency?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Partner Agency Application on file?

TEFAP AGENCIES ONLY

<input type="checkbox"/>	<input type="checkbox"/>	Have 5 'Eligibility to Take Food Home' forms been reviewed and filled out correctly?
<input type="checkbox"/>	<input type="checkbox"/>	Is the TEFAP Commodities Agreement current?
<input type="checkbox"/>	<input type="checkbox"/>	Is the TEFAP Manual on file and current?
<input type="checkbox"/>	<input type="checkbox"/>	Have volunteers taken part in Civil Rights Trainings?
<input type="checkbox"/>	<input type="checkbox"/>	Are USDA client income eligibility forms on file (5 years – pantries only)?
<input type="checkbox"/>	<input type="checkbox"/>	Are current USDA client eligibility forms being used (Pantries only)?
<input type="checkbox"/>	<input type="checkbox"/>	Is the 'Justice for All' poster in a conspicuous area?
<input type="checkbox"/>	<input type="checkbox"/>	Are 'Eligibility to Take Food Home' forms on file in all available languages?

If 'No' to any of the above items, an action plan must be created to ensure compliance

Visit Summary			
Next Site Visit / Follow Up:	Number of Months:		Date:

Signatures and Date

Freestore Foodbank Representative

Name	Signature	Date
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Partner Agency Contact

Name	Signature	Date
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