Partner Agency Monitoring Form

A. VISIT INFORMATION

Date of Visit: ------------------------------------------- Date of Last Visit: -------------------------------------------

Type of Visit: □ Announced □ Unannounced □ Initial □ Annual/Biennial □ Follow up

For follow up visits, describe reason for follow up:

B. CONTACT INFORMATION

Agency Name: -------------------------------------------

Agency Address: -------------------------------------------

Agency Phone Number: ------------------------------------------- Agency ID Number

Primary Agency Contact: -------------------------------------------

Agency Site Contact: -------------------------------------------

Contact Email: -------------------------------------------

Agency Type: □ Pantry □ Shelter □ Kitchen □ Residential

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## C. Monitor Information

Monitor Name: 

Monitor Title: 

## D. Agency Operations

1. Days of operation

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<th>Tu</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sa</th>
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2. Is agency open to the public? | Are distribution hours posted publicly? 

3. Date of last agency order? | Poundage distributed YTD

4. Are monthly reports current? [ ] Yes [ ] No If no, describe next steps:

5. USDA eligible? [ ] Yes [ ] No Retail pick up partner?

## E. Pest Control

1. Pest control program in place? [ ] Yes [ ] No

2. Is there any current evidence of pest activity inside the facility? [ ] Yes [ ] No
   
   *If “yes” please describe:

## F. Dry Storage / Sanitation

1. Is food storage area secured (locked or limited access)? [ ] Yes [ ] No

2. Are ceilings, walls and floors clean, in good condition, and free of debris? [ ] Yes [ ] No

3. Is food stored in a clean and sanitary condition? [ ] Yes [ ] No
### G. COLD STORAGE / SANITATION

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does the organization have cold storage units?</td>
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<tr>
<td>How many cold storage units?</td>
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<tr>
<td>Refrigerators:</td>
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<td></td>
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<td>Freezers:</td>
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<td>Does each cold storage unit have a functioning thermometer?</td>
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<td>Does the organization maintain temperature logs for all cold storage units?</td>
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<tr>
<td>Do all refrigerators hold temperature at 41 degrees F or below?</td>
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<tr>
<td>Do all freezers hold temperature at 0 degrees F or below?</td>
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<td>Are all cold storage units in good repair (tight seals, no dripping condensation)?</td>
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<td>Is food in cold storage units arranged to allow for air circulation around product?</td>
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<tr>
<td>Is food stored to avoid cross-contamination (such as raw foods below ready to eat foods)?</td>
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<td>Is food rotated to ensure first expired, first out (FEFO) product movement?</td>
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<tr>
<td>Does the agency have a process for checking code dates (such as best by, sell by, expiration dates)?</td>
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and use by dates) and ensuring disposal of food that has passed its acceptable code date of distribution?

12. If the agency transports perishable foods that are temperature controlled for safety (TCS) from the food bank to their location, does transport include active or passive temperature control? (Active = refrigerated vehicle, Passive = thermal blankets and/or coolers with ice packs)

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<th>Yes</th>
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13. When agencies return from picking up refrigerated or frozen product from HACAP are they recording the temperatures on their order receipt and keeping records of those return temperatures?

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<th>Yes</th>
<th>No</th>
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14. Comments related to the above questions:

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**H. SITE STAFF FOOD SAFETY PRACTICES / FACILITIES**

1. Have at least one regular staff and/or volunteer on site received food safety training?  □ Yes □ No

2. Is the food safety training certificate current?  □ Yes □ No

3. Are restrooms clean and in good repair?  □ Yes □ No

4. Is a sink provided and accessible for handwashing?  □ Yes □ No

5. Are handwashing signs posted?  □ Yes □ No

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**I. KITCHEN / MEAL DISTRIBUTION SITES**  □ N/A

1. Does the organization have a current local health department inspection report?  □ Yes □ No

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**J. TEFAP/USDA DISTRIBUTION SITES**  □ N/A

1. Is the “And Justice for All” posted displayed?  □ Yes □ No
2. If a Religious affiliated agency, is the TEFAP “Written Notice of Beneficiary Rights” visible? □ Yes □ No

3. Does the agency keep all TEFAP records for three (3) years? □ Yes □ No

4. Are all TEFAP items within their expiration dates? □ Yes □ No

5. Are hours of operations posted? □ Yes □ No

6. Do Agency website, social media, pamphlets, and any other written informational material include the USDA nondiscrimination statement? □ Yes □ No

7. Does agency require any other intake information other than the TEFAP form? If so, does it follow TEFAP requirements? □ Yes □ No

8. Comments related to the above questions:

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**K. COMPLIANCE WITH IRS CODE 170(E)(3) AND MEMBER CONTRACT**

1. Are any fees, donations or memberships required to receive donated food? □ Yes □ No

2. Are any religious observances/services/activities required to receive donated food? □ Yes □ No

3. Are any volunteer services required to receive food? □ Yes □ No

4. Do volunteers who are also in need of food assistance go through the same process as non-volunteers to receive food? □ Yes □ No

5. Comments related to the above questions:

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L. FOOD BANK SPECIFIC QUESTIONS (EDIT OR DELETE AS NEEDED)

1. Does the agency have any feedback on food bank resources and customer service such as ordering, delivery, pickup, etc.?

2. Does the agency have any other concerns, comments, complaints, compliments and/or success stories for the food bank?

M. MONITORING RESULTS

☐ Approved  Comments:

☐ Re-monitor needed  Timeline:  ☐ 7 days  ☐ 30 days  ☐ 60 days  ☐ Other
  Reason and comments:

☐ Corrective actions  List below with timelines:

Corporate Office: 1515 Hawkeye Drive • Hiawatha, Iowa 52233  
ph: 319.393.7811 • fax: 319.393.6263 • www.hacap.org

An Equal Opportunity Agency • A United Way Member Agency
N. SIGNATURES

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

Monitor (Print) (Signature) Date

Site Staff Interviewed (Print) (Signature) Date

Site staff title