



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



- 4. Is food stored at least 6 inches off of the floor? Yes No
- 5. Is food stored away from the wall to facilitate cleaning and inspection? Yes No
- 6. Is food stored separately from cleaning materials and chemicals? Yes No
- 7. Is food rotated to ensure first expired, first out (FEFO) product movement? Yes No
- 8. Does the agency have a process for checking expiration dates and ensuring disposal of food that has passed its acceptable code date of distribution? Yes No
- 9. Is all food properly labeled? Yes No
- 10. Are all canned products in acceptable condition (not swollen, leaking or rusted)? Yes No
- 11. Is all baby food/formula within expiration dates? Yes No
- 12. Are home canned products accepted? Yes No
- 13. Comments related to the above questions:

G. COLD STORAGE / SANITATION

- 1. Does the organization have cold storage units? Yes No
- 2. How many cold storage units? Refrigerators: Freezers:
- 3. Does each cold storage unit have a functioning thermometer? Yes No
- 4. Does the organization maintain temperature logs for all cold storage units? Yes No
- 5. Do all refrigerators hold temperature at 41 degrees F or below? Yes No
- 6. Do all freezers hold temperature at 0 degrees F or below? Yes No
- 7. Are all cold storage units in good repair (tight seals, no dripping condensation)? Yes No
- 8. Is food in cold storage units arranged to allow for air circulation around product? Yes No
- 9. Is food stored to avoid cross-contamination (such as raw foods below ready to eat foods)? Yes No
- 10. Is food rotated to ensure first expired, first out (FEFO) product movement? Yes No
- 11. Does the agency have a process for checking code dates (such as best by, sell by, Yes No

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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) Yes No

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? Yes No

14. Comments related to the above questions:

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

I. KITCHEN / MEAL DISTRIBUTION SITES N/A

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

J. TEFAP/USDA DISTRIBUTION SITES N/A

1. Is the "And Justice for All" posted displayed? Yes No

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- 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:
-

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:



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