



AGENCY MONITORING SUMMARY

The Maui Food Bank • 760 Kolu Street • Wailuku, HI 96793

Agency Name _____ Date _____

Agency Type _____ ID# _____

Site Address _____ City _____ Zip _____

Distribution time and location _____

Phone _____ Fax _____ Email _____

What percent of your agency food comes from MFB? 0-25% ___ 26-50% ___ 51-75% ___ 76-100% ___

Does your agency utilize other food sources? _____

Does your agency receive enough funds to support your food program? Yes No Don't know

Comments: _____

AGENCY FILE REQUIREMENTS

Completed MFB Application on file
Signed current MFB Agreement on file
Copy of 501C3 IRS letter of determination on file
Copy of Food Handlers Certificate for person-in-charge on file
Name on certificate _____ Expires _____

Yes	No	N/A

TEFAP COMPLIANCE

Signed current TEFAP USDA Agreement on file
Civil Rights training achieved annually - Date _____
Civil Rights "And Justice for All" poster on display
Non-discrimination statement included on program publications
Written Notice of Beneficiary Rights posted - *Religious Org. Only*
Accommodations are provided to clients with disabilities
All TEFAP records are kept for 3 years
Any TEFAP commodity loss is reported to MFB immediately

Yes	No	N/A

TEFAP - PANTRY REQUIREMENTS

Date of food distribution is recorded
Number of people served is recorded
Current Income Guidelines are shown at time of client registration
Self-Declaration of Need and proxy form used for registration
TEFAP Commodity distribution form utilized for client sign-in
Receipts for food received from MFB are kept on file for one year

Yes	No	N/A

TEFAP - MEAL PROGRAM REQUIREMENTS

Date of meal distribution is recorded
Number of meals served is recorded
Receipts for food received from MFB are kept on file for one year

Yes	No	N/A

Dry Storage Area

1. Products are 6 in. off the floor and away from walls
2. Dry storage is well ventilated and has thermometers
3. Food is separate from cleaning items
4. Inventory is rotated, first in, first out method
5. Area is clean and organized
6. Food is stored in a secure area with limited access
7. TEFAP is clearly labelled and separated from other food

Yes	No	N/A

Freezer/Refrigerator

1. Freezer/Refrigerator are kept clean
2. Adequate space is available for air circulation
3. Inventory is rotated, first in, first out method
4. Incoming frozen food is put into freezer promptly
5. Thermometers are located in the Refrigerator/Freezer
6. TEFAP Freezer/Refrigerator temperature log is kept

Yes	No	N/A

Pest Control

1. All incoming food is inspected for insects upon arrival
2. Facility is regularly inspected for signs of rodents/pests
3. A professional exterminator is contacted when there is evidence of infestation

Yes	No	N/A

Facility Maintenance

1. Establishment and property are clean and free of litter
2. Area has sufficient lighting
3. Walls, floors, windows, and foundation are free of cracks
4. Outside doors/windows have screens and close securely

Yes	No	N/A

Garbage Disposal

1. Adequate numbers of garbage containers are provided
2. Indoor containers are lined with plastic liners
3. Garbage area is clean and garbage is picked up regularly

Yes	No	N/A

Meal Programs

1. DOH Food Safety procedures are followed closely
2. Bathrooms are adequate and conveniently located
3. Hand washing sink, soap, and paper towels are provided
4. Waste baskets and garbage containers are provided
5. DOH Food Establishment Certificate posted
Date of last DOH inspection _____

Yes	No	N/A

Compliance

Satisfactory Marginal Unsatisfactory, corrective action period _____

Agency Name and Signature _____

MFB Initials _____