

# MAUI FOOD BANK AGENCY MONITORING FORM

Agency/Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Site Visit: \_\_\_\_\_ Agcy ID: \_\_\_\_\_

Distribution Address: \_\_\_\_\_

Distribution Days/Times: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Distribution Type:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> On-site Facility       | <input type="checkbox"/> Off-site/Mobile | <input type="checkbox"/> Members Only    | <input type="checkbox"/> Open to Public        |
| <input type="checkbox"/> Prepared Meals         | <input type="checkbox"/> Soup Kitchen    | <input type="checkbox"/> Shelter         | <input type="checkbox"/> Residential Program   |
| <input type="checkbox"/> Youth Program          | <input type="checkbox"/> Seniors Program | <input type="checkbox"/> Client Services | <input type="checkbox"/> Emergency Food/Pantry |
| <input type="checkbox"/> TEFAP                  | <input type="checkbox"/> CSFP            | <input type="checkbox"/> Ohana Drop      | <input type="checkbox"/> ABB/Backpack Program  |
| <input type="checkbox"/> Other (explain): _____ |  |  |  |

**AGENCY FILE REQUIREMENTS**

	YES	NO	N/A
Completed MFB Application on file			
Signed current MFB Agreement on file			
501C3 IRS letter of determination on file			

**TRAINING REQUIREMENTS**

	YES	NO	N/A
Civil Rights Training logs for all frontline staff/volunteers on file			
Food Handler Certification for person-in-charge on file			
Name on Food Handler Certificate and Expiration Date: _____			

**CONCLUSION**

Satisfactory       Marginal       Unsatisfactory, corrective action period \_\_\_\_\_

Comments / Areas of Excellence or Deficiency / Follow Up needed:

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

MFB Print, Sign, Date: \_\_\_\_\_

Agency Print, Sign, Date: \_\_\_\_\_

<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Civil Rights "And Justice for All" poster on display ( <i>attach photo</i> )			
Number of people served and/or meals served is recorded			
Agency monthly reports are current			
Agency payments are current			
Receipts for food received from MFB are kept on file for one year			
Do volunteers in need of food go through same process as non-volunteers?			
Does your agency utilize other food sources? If yes, what are they?			
What percent of your agency/program food comes from MFB?			

<b>FOOD SAFETY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Restroom is accessible, clean and in good repair			
Staff/Volunteers practice good hygiene, handwashing, use of gloves, etc.			
Staff/Volunteers stay home when having flu symptoms and/or open wounds			
MEAL/KITCHEN: DOH Food Establishment Permit is posted ( <i>attach photo</i> )			
MEAL/KITCHEN: Date of last DOH inspection ( <i>attach photo</i> ) :			

<b>DRY STORAGE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Ceilings, walls, and floors are clean, in good condition and free of debris			
Food is stored in a secured area (locked or limited access)			
Food is stored in a clean, organized and sanitary condition ( <i>attach photo</i> )			
Food is at least 6 in. off the floor and away from walls ( <i>attach photo</i> )			
Toxic/cleaning items are stored separate and far from food items			
Inventory is rotated using the first in, first out (FIFO) method			
Adequate numbers of garbage containers are provided & have plastic liners			
Dry storage area is well ventilated			
Dry storage has thermometers & temperatures are logged regularly			

<b>COLD STORAGE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Freezers/Refrigerators are kept clean ( <i>attach photo</i> )			
Adequate space is available for air circulation			
Incoming frozen/cold food is put into freezer/refrigerator promptly			
Inventory is rotated using the first in, first out (FIFO) method			
Freezer/Refrigerator units each contain a thermometer ( <i>attach photo</i> )			
Freezer/Refrigerator temperatures are logged regularly ( <i>attach photo</i> )			

<b>PEST CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
All incoming food is inspected for insects upon arrival			
Facility is regularly inspected for signs of rodents/pests			
Exterminators are contacted when there is evidence of infestation			

**TEFAP & CSFP - CIVIL RIGHTS REQUIREMENTS****YES****NO****N/A**

Written Notice of Beneficiary Rights posted - <i>Religious Organizations Only</i>			
Non-discrimination statement included on program publications			
Non-discrimination statement included in hiring practices (for employers)			
Agency understands procedure for forwarding discrimination complaints			
Agency understands that the sale of USDA commodities are prohibited			
Accommodations are provided to clients with disabilities			
TEFAP/CSFP records are kept on file for 3 years			
TEFAP/CSFP commodity loss is reported to MFB immediately			

**TEFAP - DISTRIBUTION REQUIREMENTS****YES****NO****N/A**

Agency has signed current TEFAP Agreement on file			
Date of food distribution is recorded			
Number of people served is recorded			
<u>Current</u> Income Guidelines are shown at time of client registration			
<u>Current</u> TEFAP Self-Declaration of Need / Proxy form used for registration			
<u>Current</u> TEFAP Commodity distribution form utilized for client sign-in			
TEFAP is clearly labelled and/or separated from other food			

**TEFAP - MEAL PROGRAM REQUIREMENTS****YES****NO****N/A**

Agency has signed current TEFAP Agreement on file			
Date of meal distributions are recorded			
Number of meals served is recorded			
TEFAP is clearly labelled and/or separated from other food			

**CSFP - DISTRIBUTION REQUIREMENTS****YES****NO****N/A**

Agency has signed current CSFP Agreement on file			
<u>Current</u> CSFP Client Application form is utilized by agency			
<u>Current</u> Income Guidelines are shown at time of client registration			
Agency checks the ID of each applicant & assists them with signing up			