



## COMMODITY LOSS REPORT



<b>Agency</b>		<b>Phone</b>		<b>Address</b>	
<b>Report by</b>		<b>Title</b>		<b>Report Date</b>	
<b>Type of Loss</b>					
Theft, Spoilage, Other Damages:					
<b>Date &amp; Time Loss Discovered</b>			<b>Approximate Date &amp; Time of Loss</b>		
<b>Location of Loss</b>					
<b>Commercial Storage Address</b>					
<b>Type of Area (Freezer Refrigeration Dry Storage)</b>					
<b>Has agency previously had a similar loss?</b>		<b>No</b>	<b>Yes</b>	<b>Date Loss Report Filed:</b>	
List Items Lost (Use reverse side if additional space is needed)					
<b>Commodity</b>	<b>Quantity</b>	<b>Lost Units/Cases Received</b>	<b>Contract No.</b>	<b>Pack Date</b>	<b>Date</b>

<b>Losses By Spoilage</b>					
Temperature of Storage Area At Time Spoilage Was Discovered		Freezer	Chill	Dry Storage	
How Often Are Temperatures of Storage Area Checked?				Daily Weekly Other (Specify)	
Warning Device		Yes	No	Last Date Battery Was Replaced:	
Name of person temperatures monitored by:			Title:		
Is Professional Pest Control Used?		Name of Company			
Pest Control Frequency: Monthly Quarterly Yearly Other (Specify)					
Date of Last Control Service					
Are Commodities Stored 6" off the Floor?		Are the Dry Storage Areas Ventilated?			
Is Loss Covered By Insurance?		Has Claim Been Filed With Insurance Company?			
Give complete details regarding loss:					
<b>Losses By Theft</b>					
Are Storage Areas Locked?		Freezer(s)	Refrigerator(s)	Dry Storage	
Did Police Investigate Theft? (if yes, include copy of report)					
Is Loss Covered By Insurance?			Yes	No	Has Claim Been Filed With Insurance Company?
Give complete details regarding the theft:					
Signature of authorized representative, Title, Date					
Signature of state agency representative, Title, Date					