



COMMODITY LOSS REPORT



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

Losses By Spoilage					
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:					
Losses By Theft					
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					