



# Feeding the Valley PARTNER MONITORING FORM

501(c)(3)  
Recent Order  
Safe Food Handler  
expires \_\_\_\_\_

Agency Type: **Food Pantry Meal/Snack TEFAP GNAP Youth Multi-Service Residential**

Agency #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Contact Person Interviewed: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Data Date Range: \_\_\_\_\_

Visitation Date:	Monthly Reports Current: Yes No	Most Recent Order Date	Last Dist. Date
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Days & Hours of Operation: \_\_\_\_\_ How often can clients receive food? \_\_\_\_\_

Does the agency deliver food to clients? Yes  No  Does this agency offer "clients Choice"? Yes  No

Does the pantry repackaged products? Yes  No  Direct Retail locations: \_\_\_\_\_

C = in compliance    NC = not in compliance    N/A = not applicable    CDM = Corrected during monitor

**CDM**

C NC N/A	Agency is accessible to people with disabilities	
C NC N/A	Days and Hours open (FP, SK etc.) posted outside of the facility and visible to clients	
C NC N/A	Facility, refrigerator/freezer units, floor, and ceiling are clean and odor free	
C NC N/A	Pest control program is in place and maintained	
C NC N/A	All food storage areas accessed during monitor; food stored at any other site?	
C NC N/A	Storage area and records are secured (locked with limited access)	
C NC N/A	Thermometer in storage area is less than 80°F and greater than 40°F (ideal is 50°F - 70°F)	
C NC N/A	Food stored 4" off the floor, 6" below ceiling, and 2" away from the walls	
C NC N/A	Food inspected for signs of damage, spoilage, and dates	
C NC N/A	Non-food or toxic items (soap, cleaning supplies, etc.) stored away from food items	
C NC N/A	Cold foods transported safely (cooler or freezer blanket)	
C NC N/A	Are all units clean and odor free?	
C NC N/A	Regular cleaning schedule established?	
C NC N/A	Is Food rotated to ensure a FIFO inventory?	
C NC N/A	Thermometer in all units and all units have temperatures in appropriate ranges	
C NC N/A	Temperature log completed	
C NC N/A	Food stored to ensure no cross contamination of foods	
C NC N/A	Adequate air flow? Walk-in unit(s) food is stored 4" off floor, 2" away from the walls	
C NC N/A	At least one person certified in food safety? <i>Name:</i>	
C NC N/A	No fees, donations or membership required to receive food	
C NC N/A	Clients are not required to attend church, activities, or provide services to receive food	
C NC N/A	Process to determine that recipient is eligible ill, needy, or infant (such as self-declaration sign in sheets)	
C NC N/A	Method to record persons receiving food (such as sign in sheets)	
C NC N/A	Site is using most current versions of applications, logs, and fliers	
C NC N/A	Site maintains all records for 3 years plus current federal fiscal year	

How many freezers?	
How many coolers?	

**Temperature Readings (Fridge 35°F to 40°F, Freezer below 0°F)**

Unit	R/F	Unit	R/F	Unit	R/F	Unit	R/F
Unit	R/F	Unit	R/F	Unit	R/F	Unit	R/F
Unit	R/F	Unit	R/F	Unit	R/F	Unit	R/F

**Meal or Snack Sites Only**

C NC N/A	Is there a proper thawing method in place?		
C NC N/A	Current Health Dept. Inspection Report. Copy provided. <i>Date of inspection:</i>	C NC N/A	Separate hand washing sink available separate from the dishwashing sinks
C NC N/A	Posted hand washing sign	C NC N/A	Probing Thermometers available

**TEFAP and GNAP Sites Only**

C NC N/A	Is the Agency Agreement, Invoices, monthly reports available?
C NC N/A	Is the proxy form used to allow eligible homebound clients to access USDA/GNAP Commodities?
C NC N/A	What accommodations are made to allow non-English speaking clients to access USDA/GNAP Commodities?
C NC N/A	Has site completed Civil Rights training, have a visible “And Justice for All” poster?
C NC N/A	USDA/GNAP Commodities are clearly identifiable in the storage area.
C NC N/A	Are there any concerns with leftover/excess inventory?
C NC N/A	Is all food loss reported to FTV?

<b>3 Year Record Review</b>					
	<b>Compliant</b>	<b>Not Compliant</b>	<b>Not Applicable</b>	<b>Corrected During Monitor</b>	<b>Repeat Violation</b>
<b>Temperature Logs Present</b>					
<b>USDA Applications</b>					
<b>GNAP Applications</b>					
<b>Regular Applications</b>					
<b>Food Bank Invoices</b>					
<b>Pest Control Log</b>					
<b>Meal Sites: Menu/Dates</b>					
<b>Residential: Menu/ Dates</b>					
<b>Monthly Distribution Reports</b>					

Monthly Distribution Verification Date	Numbers Distributed According to Report	Did Distribution match the # Reported

How can Feeding the Valley Food Bank better support you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Summary and Recommendations**

\_\_\_\_\_ **APPROVED** - Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ **RE-MONITOR** – Date of next Re-monitoring visit: \_\_\_\_\_

Reasons for re-monitor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Site Representative’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FTV Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corrective Actions Required for visit date:** \_\_\_\_\_

\_\_\_\_\_  
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