A. Locate and have available for the review your copies of the following:

1. Copies of cleaning schedule for one month
2. Copies of pest control log for one month
3. Copies of temperature logs for one month (Refrigerator, Freezers, and Dry Storage)

B. Check your storage areas to ensure that:

1. All areas are clean, well-organized and protected from theft, infestation and the weather.
2. All FBR food must be stored off the floor (minimum of six inches) and away from all walls.
3. The oldest items must be either stored in front of, on top of, or beside newer, like items, to ensure FIRST IN FIRST OUT (FIFO).
4. All storage areas (dry, cooled or frozen) must have readily readable working thermometers at all times.
5. There must never be any cleaning equipment, toxic chemicals, paint, gasoline, mops, brooms, etc., near or next to food storage area at any time. Must be stored separately.
6. “No Charge Poster” must be on display in areas for clients to see.
7. “Partner Poster” must be on display in areas for clients to see.

CLIENT DEMOGRAPHICS

Client Ethnic Background (must equal 100%)

_________ % African American                     __________% Asian

_________ % Caucasian                                 __________% Hispanic

_________ % Native American                         _________% Other

Client Need (Average numbers served monthly)

_________ Number of children 0 – 18 years old      _________Number of seniors 60 or older

Food Pantries:

_________ Households served monthly            _________ Individuals served monthly

What days & hours are you open to distribute food? __________________________________________

On-site Feeding Program:

How many individuals do you serve at: Breakfast _______ Lunch _______ Snack_______ staff _______ or Capacity _______

Total_______?

What days & hours are you open for on-site meals? __________________________________________

What makes your program unique from other partner programs? __________________________________________