



Northeast Iowa Food Bank Agency Monitoring Form

501(c)(3)	<input type="checkbox"/>
Current information	<input type="checkbox"/>
Current agreement	<input type="checkbox"/>
Food safety	<input type="checkbox"/>
Civil rights	<input type="checkbox"/>
expires _____	

Reason for Visit:	Biennial	New Agency	Relocation	Compliance
Date: _____	Agency Type: _____		Agency # _____	
Agency Name: _____		Phone: _____		
Site Address: _____				
Contact person interviewed: _____			Phone: _____	
Email address: _____				
Last order placed	Poundage (last 30 days)	Monthly reports current: Yes No	Monthly households served	Pounds per household

Food Pantries

Is pantry open to the general public? Yes No Days & hours of operation: _____

How many households receive assistance? _____ How often can people receive food? _____

How many days of food? _____ Does the agency deliver food to clients? _____

What items are available? _____ non-perishable foods _____ frozen food _____ refrigerated foods _____ produce
 _____ non-food items _____ baby items _____ other: _____

Does the agency offer some form of "Client Choice"? _____ Describe: _____

Does pantry repackage products? If yes, which ones: _____

How are the public made aware of the food pantry? _____

Direct Retail Program (pick up locations) _____

Meal Sites

How many meals/snacks are served per month? _____ breakfast _____ lunch _____ dinner _____ snacks

C = in compliance **NC** = not in compliance **N/A** = not applicable **CDM** = Corrected during monitor **R** = Repeat violation

Facilities

CDM R

C NC N/A	Agency is accessible to people with disabilities		
C NC N/A	Days and hours open (FP, SK etc.) posted on the outside of the facility and visible to clients		
C NC N/A	Facilities well maintained – garbage containers covered, no holes in outside structure etc.		
C NC N/A	Pest control program is in place.		
C NC N/A	All food storage areas accessed during monitor.		

Food Safety – Dry Storage

CDM R

C NC N/A	Storage area is secured (locked, limited access)		
C NC N/A	Ceilings and floors are in good condition. Area is clean and odor free		
C NC N/A	Thermometer in storage area (50°F - 70°F)		
C NC N/A	Regular cleaning schedule established		
C NC N/A	Food stored 6" off the floor and ceiling		
C NC N/A	Food is rotated to ensure a first in – first out inventory flow		
C NC N/A	Food inspected for signs of damage or spoilage		
C NC N/A	Non-food or toxic items (soap, cleaning supplies etc.) stored away from food items		
C NC N/A	Repackaged items are properly labeled		

Temperature Readings

(Fridge 32°F to 40°F, Freezer -10°F to 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

Food Safety – Refrigerator/Freezer

CDM R

C	NC	N/A	Cold foods transported safely. Does agency have a freezer blanket?		
C	NC	N/A	Thermometer in all units		
C	NC	N/A	All units have temperatures in the appropriate temperature range		
C	NC	N/A	Temperature log completed		
C	NC	N/A	All units are clean and odor free		
C	NC	N/A	Food stored to ensure no cross contamination of foods		
C	NC	N/A	Adequate air flow? Walk In Units Food stored 6" off floor and ceiling.		
C	NC	N/A	Repackaged items are properly labeled		
C	NC	N/A	Food is rotated to ensure a first in – first out inventory flow		

Food Safety – Meal Sites & Residential

CDM R

C	NC	N/A	Current Health Dept. Inspection Report. Copy provided. Date of inspection:		
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		

Procedures

CDM R

C	NC	N/A	Certified safe food handler still with program. Name:		
C	NC	N/A	No fees, donations or membership required to receive services		
C	NC	N/A	Clients are not required to attend church, activities or provide services to receive services		
C	NC	N/A	Donations box, if used, is located away from distribution areas		

3yrs Records Available to review

C	NC	N/A	Temperature logs		
C	NC	N/A	Process to determine that recipient is 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	Monthly client number report matches sign in sheets		
C	NC	N/A	Records of Northeast Iowa Food Bank food received		
C	NC	N/A	Meal Sites: Record of dates/meals served.		
C	NC	N/A	Residential: Record of number of residents		

USDA Compliance

Has any food loss occurred? ___ Yes ___ No *If yes, what product(s)?* _____

How are USDA products used? _____

What percentage of your clients are low-income? _____

Agency is using current TEFAP form ___ Yes ___ No N/A

Agency is using current TEFAP form for religious organizations ___ Yes ___ No N/A

Monitoring Agent's Summary and Recommendations

_____ **APPROVED** - Comments: _____

NEIFB to provide: _____

_____ **RE-MONITOR IN ONE MONTH** - Why? _____

Monitor's Signature: _____ **Date:** _____

Site Representative's Signature: _____ **Date:** _____