



Buildings & Grounds:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is the building of suitable construction?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is the building generally in good physical repair?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are floors, walls, and ceiling constructed of easily cleanable materials?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are floors, walls, and ceiling kept clean?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are doors and loading doors kept closed when not in use?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is the interior lighting sufficient to allow adequate inspection and cleaning of premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are the food products and processing area protected against contamination from breakage of light bulbs and other glass fixtures?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the warehouse have a scheduled cleaning and pest control program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Are the outside premises free from spillage, trash, etc. that may attract or harbor rodents or other pests?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are the areas around the building clear of weeds like grass and brush?	
Sanitary Operations:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is the cleaning of the facility done in such a manner to avoid contamination of food products?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are all hazardous materials kept in the original containers and stored separate from food products?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is refuse properly stored and protected where necessary from insects, rodents, and other pests and/or disposed of in an adequate manner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are the toilets and dressing rooms in good repair, clean, properly ventilated, and adequately separated from the storage area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are hand washing facilities clean and supplied with soap, hot water, and sanitary towels?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are the donated foods maintained in sanitary conditions?  <i>Note: sanitary conditions mean that the facility is free from rodent, bird, insect, and other animal infestations, foods are stored off the floor, and chemicals and cleaning solutions are stored away from food.</i>	

Storage Facility:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the contractor maintain inventory off-site?  If yes, list location: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Frozen: Does contractor have frozen (0°) storage?  Current Temperature _____  Thermometer Accurate (±1°) <input type="checkbox"/> Yes <input type="checkbox"/> No  Approximate square footage _____  Pallets can be stacked _____ high	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Cold: Does contractor have refrigerated (33° - 40°) storage?  Current Temperature _____  Thermometer Accurate (±1°) <input type="checkbox"/> Yes <input type="checkbox"/> No  Approximate square footage _____  Pallets can be stacked _____ high	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is a temperature log being maintained for frozen and cold storage?  <i>(Logs required in order to adhere to good food safety practices so that foods are stored in a manner to protect them from spoilage, infestation, damage or other condition that may jeopardize the wholesomeness or safety of the food.)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Dry: Does contractor have dry storage?  Current Temperature _____  Thermometer Accurate (±1°) <input type="checkbox"/> Yes <input type="checkbox"/> No  Approximate square footage _____  Pallets can be stacked _____ high	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are USDA Foods stored in a manner that permits adequate circulation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are USDA Foods stored and clearly marked as TEFAP which permits them to be distinguished from other foods?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Are pallets clearly marked with lot numbers and the date received?	
	9. What plans or actions are in place to ensure the continued distribution of USDA Foods in the case of a natural disaster, power outage, freezer breakdown, etc.? Please describe.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is the facility safeguarded against theft, spoilage, damage, or other loss? (Doors locked, security system, refrigeration alarms, etc.)	

Inventory Control:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the contractor maintain adequate insurance coverage to cover the average monthly value of USDA Foods from the previous fiscal year?  Total value of USDA Foods received last year: _____  Total divided by 12 = Average monthly value: _____  Insurance coverage amount: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Did the Contractor give the reviewer a current TEFAP inventory report on the day of the site visit. Use this report to conduct a physical inventory check of each product listed and verify the count against the book inventory on file. The inventory report used to conduct this test will be made as an attachment to this review for reference.	
	3. Verify the beginning balance, receipts, distributions, and gains/losses of a pre-selected month for the FFY being reviewed. In the reviewer's assessment of the inventory records, is it easy to identify the following?  <div style="text-align: center;"><u>TEFAP:</u></div> Beginning balance <input type="checkbox"/> Yes <input type="checkbox"/> No Received items <input type="checkbox"/> Yes <input type="checkbox"/> No Distributed items <input type="checkbox"/> Yes <input type="checkbox"/> No Damaged items <input type="checkbox"/> Yes <input type="checkbox"/> No Ending balance <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Calculate the loss or overage for the pre-selected month for the FFY being reviewed:  <div style="text-align: center;"><u>TEFAP:</u></div> Cases Over: _____ Cases Short: _____ Cases Damaged: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Were all of the gains/losses accounted for on a USDA Foods Loss/Adjustment Report?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are the USDA Foods loss procedures being followed for reporting of damage and/or loss?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has any food loss occurred due to theft in the last six months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Does the contractor keep an ongoing inventory of all products received and distributed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the contractor conduct a monthly physical inventory and reconcile it with the actual distribution figures? If no, how often is a physical inventory conducted? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Is the distribution of product from the contractor to the distribution sites being documented by signed invoices/Bill of Lading?	

<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does the invoice/Bill of Lading clearly identify if it is TEFAP food?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Does the contractor use first-in first-out stock rotation and takes into account pack dates?	
	12. What process is in place to ensure items in inventory don't go past their expiration dates?	
<b>Receiving:</b>		<b>Comments</b>
	1. Describe the receiving process.	
	2. Describe the process for checking, removing, and replacing seals on WSDA FA loads.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is the load physically inspected before it is signed for?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is the load counted before it is signed for?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is the USDA Receiving Document (AGR-2258) and back-up documentation for the load scanned and sent to WSDA FA within 24 hours of receipt?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the contractor been trained on the receipting process which requires the contractor to receipt into WBSCM within 48 hours of receipt?	
<b>Recall Procedures:</b>		<b>Comments</b>
	1. Conduct a recall test of a TEFAP item that is being distributed the month of the review. Ensure all distributed and on-hand cases can be accounted for. Explain the recall test results:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Were recall procedures followed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Was it clear which Lead Agencies received a distribution of the recalled item?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Was the test completed within the 24 hours given?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does the storage facility comply with all Federal, State, or local requirements relative to food safety and health procedures for responding to a food recall?	

General:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are invoices for distribution and storage charges submitted timely with appropriate back-up documentation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are all program records available during normal business hours for WSDA FA or USDA representatives to inspect, audit, and copy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does the warehouse have a current health inspection approval certificate/license from the state of Washington?  Date of last inspection: _____	
Customer Service:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have there been any complaints within the last year? If yes, were service complaints submitted to WSDA FA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No Complaints	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you had any issues contacting any of the Lead Agencies when setting up deliveries?	
	3. What is the biggest challenge that you have had this year dealing with Lead Agencies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have there been any notable delays or issues with any USDA Foods shipments this year? If yes, please describe.	
	5. Do you have any suggestions for WSDA FA that will help you better serve our TEFAP Lead Agencies?	
Summary: Check Applicable Box:		
<input type="checkbox"/> <b>Satisfactory:</b> May include recommendations.		List recommendations:
<input type="checkbox"/> <b>Satisfactory with follow-up required:</b> All Required Follow-up Listed Below: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, then a follow-up letter or email will be sent.)		List Follow-Up Required:
<input type="checkbox"/> <b>Corrective Action:</b> A corrective action letter or email will be sent.		List Follow-Up Required:

**Signatures of Review Participants:**

\_\_\_\_\_  
Contractor's Representative Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Contractor's Phone Number

\_\_\_\_\_  
WSDA FA Reviewer Name & Title

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
WSDA FA Reviewer Signature

\_\_\_\_\_  
Reviewer's Phone Number