



Partner Organization Monitoring Checklist

Partner Organization: _____ Acct. #: _____ Date: _____

Address: _____

Distribution Address (if different): _____

Executive Director: _____

Email: _____ Phone: _____

Point of Contact: _____

Email: _____ Phone: _____

Additional Contact: _____

Email: _____ Phone: _____

Programming:

Pantry Meal Site Mobile Pantry School Pantry TEFAP CSFP

Agency Operations

Delivery/Shopping Schedule: _____

Distribution Schedule: _____ How often may guest visit? _____

Service area restrictions: _____ N/A

Monthly households served: _____

Agency Certifications:

Restaurant Managers Certificate: N/A

Name: _____ Expiration Date: _____

Food Handlers Certificate:

Name: _____ Expiration Date: _____

Health Dept. Inspection Date: _____ Score: _____ N/A

Visual Inspection of Surroundings & Common Areas

Outside free of debris/contaminants yes no instructed _____

Holes or gaps in outside structure yes no instructed _____

Holes or gaps in inside structure yes no instructed _____

Holes or gaps around pipe conduits yes no instructed _____

Partner Organization Records and Signage

Pest Control Company: _____ Frequency: Mo. Bi-Mo. Other _____

Pest control records maintained yes no instructed _____

Cleaning log records maintained yes no n/a _____

Measures to ensure records confidentiality yes no instructed _____

- Product invoices records maintained yes no instructed _____
- Sign-in sheets maintained and onsite yes no instructed _____
- Temperature log records maintained yes n/a instructed _____
- Complaint log records maintained yes no instructed _____
- Volunteer Confidentiality records maintained yes no instructed _____
- Partner organization internal policy & procedure signage displayed yes no instructed _____
- DES Civil Rights Grievance Forms displayed yes no n/a _____
- Is agency due for Civil Rights training? yes no instructed _____
- “And Justice for All” signage visible yes no instructed _____
- TEFAP Beneficiary Rights signage visible yes no n/a _____
- TEFAP Guidelines signage visible yes no n/a _____
- CSFP Guidelines signage visible yes no n/a _____
- Americans with Disabilities Act/504 Notice visible yes no instructed _____
- Non-Discrimination signage visible yes no instructed _____
- Language Notification signage visible yes no instructed _____
- Hours of food distribution(s) yes no instructed _____

Product Storage and Handling

- Product secure against theft or misuse yes no instructed _____
- Product stored in SMFBA approved areas yes no instructed _____
- Area kept cool and dry yes no instructed _____
- Product stored at least 6 inches off the floor yes no instructed _____
- No indication of overstocking yes no instructed _____
- Overall clean and organized yes no instructed _____
- Severely dented/rusted/unlabeled cans yes no instructed _____
- Cleaning/toxic items stored away from product yes no instructed _____
- Evidence of insect/rodent infestation yes no instructed _____
- Thermometers inside refrigerators/freezers yes no n/a _____
- Temp recording devices calibrated annually yes no n/a _____
- Proper refrigerator temp (41 degrees or below) yes no n/a _____
- Proper freezer temp (0 degrees or below) yes no n/a _____
- Product in fridge/freezer properly labeled yes no n/a _____
- Possible contamination in fridge/freezer yes no n/a _____
- Opened containers/packages yes no instructed _____
- Garbage cans kept covered/emptied yes no instructed _____
- First In First Out rotation discussion yes no instructed _____

Mobile Pantry N/A

- Utilizing designated sign-in sheets yes no instructed _____

- Gloves worn while prepping/distributing yes no instructed _____
- Product staged in paved area only yes no instructed _____
- Staging area safe, clean and free of hazards yes no instructed _____
- Product kept 6 inches off the ground yes no instructed _____
- Proper signage displayed yes no instructed _____
- Representative with FHC/RMC present yes no instructed _____

Onsite Feeding N/A

- Gloves worn while prepping/serving yes no instructed _____
- Separate handwashing sink with signage yes no instructed _____
- Probing thermometers available yes no instructed _____
- Proper heating/serving temperatures yes no instructed _____
- Proper equipment sanitation yes no instructed _____
- Product in fridge/freezer properly labeled yes no instructed _____
- Proper repackaging of product yes no instructed _____

Grocery Rescue/Shopping N/A

- Inspected transport vehicle(s) for cleanliness yes no instructed _____
- Inspected containers and items used during transport for cleanliness yes no instructed _____
- Partner organization sampling temps of product prior to transport, utilizing temperature device(s) – GR only yes no instructed _____
- Partner organization ensuring product is properly labeled yes no instructed _____
- Pick up representative has valid FHC or FMC yes no instructed _____
- MealConnect reporting compliance (within 48 hours of receiving product) – GR only yes no instructed _____

Partner Organization Discussion

- SMFBA partner organization webpage discussed yes no instructed _____
- Monthly reporting requirements discussed yes no instructed _____
- Shopping program requirements discussed yes no N/A _____
- Grocery Rescue requirements discussed yes no N/A _____
- Link2Feed discussed – TEFAP/CSFP yes no N/A _____
- Organization checking product for safety prior to distribution(s) yes no instructed _____
- Repackaging of product requirements discussed yes no instructed _____

No redistribution of product discussed yes no instructed _____
Volunteer/staff distribution policy discussed yes no instructed _____
Religious activities conducted at distribution yes no n/a _____
Donations/fees during distribution discussed yes no instructed _____

Capacity Equipment Requests:

Notes: _____

Next Scheduled Visit:

Revisit Date: _____ Reason for Revisit: _____
 Annual: _____

The partner organization will be provided a copy of this monitor report and agrees to complete the corrective actions indicated within the time frame allotted.

Signed by Partner Organization: _____ **Signed by SMFBA:** _____