Arizona Department of Economic Security
Hunger Relief Program

USDA Compliance Review

Regional Food Bank: _____ Date: _____

Distribution Site Information

Site Name: _____ Type: _____

Open Days/Hours: _____ Program(s): _____

Address *(No., Street)*: _____ City/ZIP: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Signage and Forms

Is the following posted in view of the public?		**Comments**
Distribution Days and Hours	_____	
"And Justice for All" poster, 11x17	_____	
ADA-504 Statement	_____	
Income Eligibility Requirements per Program	_____	
HRP-1014A Civil Rights Complaint Form	_____	
HRP-1065A Written Notice of Beneficiary Rights	_____	
HRP-1068 Programs Referral Form (CSFP sites)	_____	

Intake and Records

		Comments
Are ***all*** clients asked for photo ID each visit?	_____	
Are TEFAP clients being asked if they meet income guidelines at each visit?	_____	
Are program-related records being maintained for 5 years?	_____	
Are CSFP clients being given HRP-1065A prior to their first distribution?	_____	

Capacity

	Quantity:	**Equipment Need (Identified or Wish-list)**
Household Fridge	_____	
Commercial Fridge	_____	
Commercial Freezer	_____	
Built-in Fridge	_____	
Built-in Freezer	_____	
Other	_____	

See page 3 for USDA/EOE/ADA disclosures

Inventory Management

Are commodities:

Comments

- Clearly identifiable and labeled? ____
- Stored at least 6” off the floor and 4” away from walls? ____
- Stored away from other products that could cause contamination? ____
- Stored in secure area? ____
- Stored at proper temperatures with daily logs being kept? ____

Is First In-First Out (FIFO) being utilized? ____

Is inventory ***fully*** utilized without waste? ____

Is inventory reconciled each month? ____

Are proper pest control measures being taken? ____

Date of last pest control service: ____

Have there been any reported commodity losses in the past 12 months? ____

If yes, was the loss due to neglect, theft or improper handling? ____

If yes, describe what was done to prevent it from happening again.

Civil Rights

Comments

Are client-facing workers being given Civil Rights Training each year? ____

Are HRP-1015A forms completed by relevant staff/volunteers each year? ____

Are HRP-1016A forms completed by relevant staff/volunteers? ____

If activities unrelated to commodity distribution occur at this site, is it made clear that participation is not a a condition for the receipt of USDA foods? ____

Congregate Meal Sites **Complete if TEFAP is used in meals.*

Comments

Are the State/County Health Dept. certificates available for review? ____

Do the proper staff/volunteers receive food safety training? ____

Do the proper staff/volunteers have valid food handlers cards? ____

Summary of Findings and Recommendations

**May include corrections taken at time of monitor, or narrative of the final resolution*

Other Comments

Compliance Review Completed By *(Name/Title)*: _____

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