



**THE EMERGENCY FOOD ASSISTANCE PROGRAM -  
REPORT OF OUT OF CONDITION USDA COMMODITIES**

**WHAT TO REPORT ON THIS FORM**

All instances of contamination, deterioration, spoilage, infestation or latent defects involving USDA commodities should be reported on this form. DO NOT use this form to report loss due to theft, fire, forklift damage or other damage that may have occurred following packing at the factory or processor.

**CONTACT INFORMATION**

|  |                |               |
|--|----------------|---------------|
| Foodbank                                   | Contact Person | Telephone No. |
| Agency That Found Product Out of Condition | Contact Person | Telephone No. |
| If Found By Recipient: Name                | Address        | Telephone No. |

**PRODUCT INFORMATION**

Out of Condition Commodity: \_\_\_\_\_ Date Found: \_\_\_\_\_

Amount Out of Condition:      Cases: \_\_\_\_\_      Units: \_\_\_\_\_      Date Received: \_\_\_\_\_

Delivery Order or Disp. No.: \_\_\_\_\_      N/D No.: \_\_\_\_\_

Amount Received: \_\_\_\_\_      Amount Used: \_\_\_\_\_      Amount On Hand: \_\_\_\_\_

**PLEASE PROVIDE ALL AVAILABLE PRODUCT INFORMATION**

Carton Number(s): \_\_\_\_\_

Can Code(s): \_\_\_\_\_

Package Date(s): \_\_\_\_\_

Other Carton Identification: \_\_\_\_\_

Describe the condition of the product that resulted in it being out of condition:

|  |
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|  |
|  |
|  |
|  |

**CURRENT STATUS OF PRODUCT**

Where is the product now? (Agency Name): \_\_\_\_\_

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|         |      |       |     |           |
|---------|------|-------|-----|-----------|
| Address | City | State | Zip | Telephone |
|---------|------|-------|-----|-----------|

**NOTE: PRODUCT SHOULD NOT BE DISPOSED OF OR DESTROYED UNTIL INSTRUCTED TO DO SO BY DHS**

Submitted by (printed name): \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizes Agency Representative

\_\_\_\_\_  
Date: