

DONOR AND RECIPIENT INFORMATION

Food DONOR Facility/Organization Name		Food RECIPIENT Facility/Organization Name	
DONOR Representative Name		RECIPIENT Representative Name	
Business Address		Business Address	
Phone	Email	Phone	Email

DONATED FOOD PRODUCT INFORMATION

FOOD PRODUCT	PACKAGING	STORAGE CONDITIONS	CHECK ALL THAT APPLY	QUANTITY & FREQUENCY
Prepared Foods	Food-grade packaging	Chilled to 41F or below, or frozen at 0F or below	<input type="checkbox"/>	
Chilled Perishable Prepackages Foods	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Meat, poultry, fish (fresh)	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Meat, poultry, fish (frozen)	Original packaging OR food-grade packaging	Frozen at 0F or below	<input type="checkbox"/>	
Dairy Products	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Shelf stable foods	Original packaging		<input type="checkbox"/>	
Other			<input type="checkbox"/>	

TRANSPORTATION

Describe how food will be transported. Include pickup frequencies and how food will be packaged for transport (e.g. in coolers, in refrigerated truck), and time and temperature tracking protocol. (See sample Food Donation Delivery Form included.)

TOPIC	FOOD DONOR ORGANIZATION	FOOD RECIPIENT ORGANIZATION
Food training and experience of food manager or person-in-charge (e.g. ServSafe training)		
Allergen and cross-contamination awareness and training		
Best time and methods for communicating		

USE THIS SPACE FOR ANY ADDITIONAL CONSIDERATIONS

We agree to abide by the agreements we have made, provide appropriate management and supervision to ensure safe food handling and donation, and to promptly communicate unsatisfactory conditions. We agree to handle food in accordance with the California Retail Food Code, to ensure that every effort is taken to provide apparently wholesome food to those in need.

Signature of Food DONOR Representative

Date

Printed Name of Food DONOR Representative

Signature of Food RECIPIENT Representative

Date

Printed Name of Food RECIPIENT Representative

FOR MORE INFORMATION: Call Contra Costa Environmental Health at 925-608-5500.



Last updated: 1/19/18, v1.0
Adapted from RecyclingWorks MA

FRONT PLATE

These products are NOT RECOMMENDED for consumers with food allergies since they are prepared on shared equipment. Please inform the donor if any person receiving or consuming this product has a food allergy.

Date:

Donor:

Weight
(lbs)/Count:

Item:

USE FOR FOOD DONATIONS ONLY

If contents are frozen, see reheat standards on back.

Donation Questions: Call EHD NUMBER?

More Donation Information: INSERT EHD website

BACK PLATE

These products are NOT RECOMMENDED for consumers with food allergies since they are prepared on shared equipment. Please inform the donor if any person receiving or consuming this product has a food allergy.

IF CONTENTS ARE FROZEN FOOD - PROPERLY THAW & REHEAT FOOD BEFORE SERVING
Store Food at the Proper Temperature

THAW PROPERLY PRIOR TO REHEATING:

- Keep food at or below 40F during thawing process
- Reheat food within 24hrs after thawing

REHEATING TEMPERATURE STANDARDS:

- Rapidly heat food to an internal product temperature of 165F for at least 15 seconds
- Discard food if these temperature standards are not reached within 2hrs

USE FOR FOOD DONATIONS ONLY

Last updated: 1/19/18, v1.0
Adapted from FDC

DONOR AND RECIPIENT INFORMATION

PERISHABLE FOOD ITEM(S)	QUANTITY (LBS)	DONOR TEMP AT HOLDING	TIME TAKEN	RECIEVER TEMP AT RECEIPT	TIME TAKEN	ACCEPTED
						YES or NO
						YES or NO
						YES or NO

**Flip for additional rows

DONATED FROM:

Name of Facility or Event _____ Public Health Permit # _____

Address _____ Phone # _____
 Delivered by (print name): _____

TRANSPORTED BY (IF OTHER THAN DONOR OR RECIPIENT):

Name of Delivery Organization: _____ Public Health Permit # (if applicable) _____

Address _____ Phone # _____
 Delivered by (print name): _____

DONATED TO:

Name of Facility or Organization _____ Public Health Permit # (if applicable) _____

Address _____ Phone # _____
 Received by (print name): _____

I acknowledge that the food item(s) listed above meet the temperature holding requirements for potentially hazardous foods, as defined in Section 113871 of the California Retail Food Code.

Donor Signature _____ Date _____

Recipient Signature _____ Date _____

