



# HAWAII FOODBANK KAUAI BRANCH

## Partner Agency Monitoring Form



### A. VISIT INFORMATION

Date of Visit: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Type of Visit:  Announced  Unannounced  Initial  Annual/Biennial  Follow up

Quaterly

For follow up visits, describe reason for follow up:

\_\_\_\_\_

### B. CONTACT INFORMATION

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Agency ID Number \_\_\_\_\_

Primary Agency Contact: \_\_\_\_\_

Agency Site Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency Type:  Pantry  Shelter  Outreach  On-site

Program Type:  CSFP  TANF  TEFAP  OHANA

### C. MONITOR INFORMATION

Monitor Name: \_\_\_\_\_

Monitor Title: \_\_\_\_\_

## D. AGENCY OPERATIONS

1. Days of operation M Tu W Th F Sa Su Hours of Operation
2. Is agency open to the public? Are distribution hours posted publicly?
3. Is the location accessible to anyone with disabilities?  Yes  No
4. Are monthly reports current?  Yes  No If no, describe next steps:
5. Are agency payments current?  Yes  No If no, describe next steps:
6. USDA eligible?  Yes  No
7. Agency eligibility:  501c3 organization  Under parent 501c3 organization  Church  Distributing agent of a 501c3 organization
8. Last confirmation of 501c3 status and/or church status Date:
9. Most recent date organization signed an Agency Agreement and Release Date:
10. Does the Agency Agreement and Release contain all required language from the 2014 Member Contract?  Yes  No

## E. PEST CONTROL

1. Does the agency conduct their own pest inspections?  Yes  No
2. Are these pest inspections documented?  Yes  No
3. Does the agency use a licensed third party pest control provider?  Yes  No
4. Are these third party pest inspections documented?  Yes  No
5. Is there any evidence of pest activity noted in either the agency's or the third party's pest inspections?  Yes  No
6. If yes to question #5, describe any corrective actions was taken to address pest activity inside the facility.
7. Is there any current evidence of pest activity inside the facility?  Yes  No  
*If "yes" please describe:*

## F. DRY STORAGE / SANITATION

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is food storage area secured (locked or limited access)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are ceilings, walls and floors clean, in good condition, and free of debris?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is food stored in a clean and sanitary condition?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there a cleaning schedule for regular cleaning activities?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is food stored at least 6 inches off of the floor?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is food stored away from the wall to facilitate cleaning and inspection?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is food stored in a temperature controlled space (ideally 50-70 degrees F)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is food stored separately from cleaning materials and chemicals?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is food rotated to ensure first expired, first out (FEFO) product movement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the agency have a process for checking expiration dates and ensuring disposal of food that has passed its acceptable code date of distribution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is all food properly labeled?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are all canned products in acceptable condition (not swollen, leaking or rusted)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is all baby food/formula within expiration dates?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Comments related to the above questions:   |                              |                             |

## G. COLD STORAGE / SANITATION

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the organization have cold storage units?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. How many cold storage units?                      Refrigerators:                           |                              | Freezers:                   |
| 3. Does each cold storage unit have a functioning thermometer?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are the thermometers calibrated regularly (at least annually)?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is thermometer calibration documented?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the organization maintain temperature logs for all cold storage units?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do all refrigerators hold temperature at 41 degrees F or below?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do all freezers hold temperature at 0 degrees F or below?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are all cold storage units in good repair (tight seals, no dripping condensation)?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is food in cold storage units arranged to allow for air circulation around product?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is food stored to avoid cross-contamination (such as raw foods below ready to eat foods)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is food rotated to ensure first expired, first out (FEFO) product movement?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Does the agency have a process for checking code dates (such as best by, sell by, and use by dates) and ensuring disposal of food that has passed its acceptable code date of distribution?  Yes  No
- 
14. If the agency transports perishable foods that are temperature controlled for safety (TCS) from the food bank to their location, does transport include active or passive temperature control? (Active = refrigerated vehicle, Passive = thermal blankets and/or coolers with ice packs)  Yes  No
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15. Comments related to the above questions:

## H. SITE STAFF FOOD SAFETY PRACTICES / FACILITIES

1. Has at least one regular staff and/or volunteer on site received food safety training?  Yes  No
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2. Is the food safety training certificate current?  Yes  No
- 
3. Do volunteers receive training on food safety practices prior to sorting food from food drives and retail pickup (if applicable)?  Yes  No
- 
4. Do staff and volunteers practice good hygiene?  Yes  No
- 
5. If applicable, are disposable gloves available for use by staff/volunteers?  Yes  No
- 
6. Is there a policy that staff/volunteers are not allowed to work at the agency when they have flu-like symptoms (fever, vomiting, diarrhea) and/or open wounds?  Yes  No
- 
7. Are restrooms clean and in good repair?  Yes  No
- 
8. Is a sink provided and accessible for handwashing?  Yes  No
- 
9. Are handwashing signs posted?  Yes  No
- 
10. Are emergency contact numbers (police, fire, etc.) posted for staff, volunteers, and clients?  Yes  No
- 
11. Is there a first aid kit available for staff, volunteers and clients?  Yes  No

## I. KITCHEN / MEAL DISTRIBUTION SITES

N/A

1. Does at least one staff member have food safety training at the level required by state and local authorities?  Yes  No
- 
2. Is the food safety training certificate current?  Yes  No
- 
3. Does the organization have a current local health department inspection report?  Yes  No

4. Were there any violations found on the last health department inspection report? If "yes," describe below.  Yes  No

5. Were violations from the last health department inspection corrected? Describe whether "yes" or "no" answer.  Yes  No

**J. TEFAP/USDA DISTRIBUTION SITES**  N/A

1. Is the "And Justice for All" posted displayed?  Yes  No

2. Does the agency have a copy of their current TEFAP agreement?  Yes  No

3. Does the agency keep TEFAP product separate from other product?  Yes  No

4. Does the agency keep all TEFAP records for three (3) years?  Yes  No

5. Are all TEFAP items labeled to distinguish them from donated or purchased items?  Yes  No

6. Are all TEFAP items within their expiration dates?  Yes  No

7. Is any required client documentation collected?  Yes  No

8. Comments related to the above questions:

**K. TANF DISTRIBUTION SITES**  N/A

9. Is the "And Justice for All" posted displayed?  Yes  No

10. Does the agency have a copy of their current TANF agreement?  Yes  No

11. Does the agency keep TANF product separate from other product?  Yes  No

12. Does the agency keep all TANF records for three (3) years?  Yes  No

13. Are all TANF items labeled to distinguish them from donated or purchased items?  Yes  No

14. Are all TANF items within their expiration dates?  Yes  No

15. Is any required client documentation collected?  Yes  No

16. Comments related to the above questions:

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**L. COMPLIANCE WITH IRS CODE 170(E)(3) AND MEMBER CONTRACT**

1. Are any fees, donations or memberships required to receive donated food?  Yes  No

2. Are any religious observances/services/activities required to receive donated food?  Yes  No

3. Are any volunteer services required to receive food?  Yes  No

4. Do volunteers who are also in need of food assistance go through the same process as non-volunteers to receive food?  Yes  No

5. Comments related to the above questions:

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**M. FOOD BANK SPECIFIC QUESTIONS**

1. What percentage of its food does the organization get from Hawaii Foodbank? \_\_\_\_\_ %

2. Does the agency have any feedback on food bank resources and customer service?

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3. Does the agency have any other concerns, comments, complaints, compliments and/or success stories for the food bank?

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## N. MONITORING RESULTS

Approved      Comments:

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Re-monitor needed      Timeline:  7 days    30 days    60 days    Other  
Reason and comments:

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Corrective actions      List below with timelines:

## O. SIGNATURES

By signing this form, I agree that the information recorded herein during this monitoring visit is accurate.

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*Monitor (Print)*

*(Signature)*

*Date*

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*Site Staff Interviewed (Print)*

*(Signature)*

*Date*

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*Site staff title*