

Maryland State Department of Education
FOOD DISTRIBUTION PROGRAM
Facility/Site Review

Local Educational Agency: _____

Site Name: _____

Type of storage: Frozen Dry Refrigerated

Type of site: Warehouse Preparation Site

A. STORAGE- Explain all "NO" answers

- | | |
|--|--|
| 1. Is there a regular inspection schedule used for the storage area? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Has the storage area been inspected by a sanitarian in the past year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Is the storage area free of dust, dirt, excess moisture, and debris? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Is the storage are free of infestation by rodents, insects, or birds? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Write the date of the last pest control service. ____/____/____ | |
| 6. Are items stored at least 6 inches away from floor/walls? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Are proper storage temperatures monitored in all storage areas | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are damaged goods segregated? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Are there any USDA commodities that were received more than 6 months ago? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

COMMENTS

B. POLICIES AND RECORD MAINTENANCE

- | | |
|---|--|
| 1. Is the FIFO (First In, First Out) inventory model in practice? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Is there a policy for disposition of damaged USDA commodities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ➤ Is it being followed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are temperature monitoring records maintained for 3 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Are theft prevention practices in use? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

List practices:

- | | |
|--|--|
| 5. Is there a HACCP program in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the facility/site have disaster provisions available? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. LEAs with FSMC: is there a reconciliation of records to show that the FSMC, has credited food service operations the value of all donated foods received in the current school year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Does the LEA have backup documentation of credit received from the FSMC? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

C. COMPLIANCE DETERMINATION

- | | |
|---|--|
| 1. Based on this review, is the site/facility operating in compliance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ➤ If "NO", explain in detail the action to be taken for compliance and give date by which corrections must be made. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

COMMENTS

Signature of Program Representative: _____ Date ____/____/____

Signature of Reviewer: _____ Date ____/____/____

FDP Facility/Site review