



FREESTORE FOODBANK

Agency Visit Form

Date: _____

Type: Initial Visit Regular Visit Action Plan Follow Up

Date of Last Visit _____

General	
Agency Name and Number: _____	
Address: _____	
County: _____	
Agency Category: _____	Mobile Pantry: <input type="checkbox"/>
Responsible Person Code: _____	

Contacts / Supplemental Addresses Public Facing	
Contact Name: _____	
Phone Number: _____	
Mobile (Not Public): _____	
Email: _____	
Homepage: _____	

E-Documents	
Invoice Delivery Email: _____	
➤ CC Invoice Email: _____	
Statement Email: _____	
➤ Statement CC _____	

501(c)3 Information	
501 c 3 Number: _____	
501 c 3 Name: _____	
Date Received: _____	

Trainings		
Description	Training Date	Expiration Date
Board of Directors		
Civil Rights Training		
CSFP Agreement		
CSFP Training		
Local Distributor Agreement		
Partnership Agreement		

Certifications		
Description	Certification Date	Expiration Date
CSFP Application		
Food Safety Agreement		
Food Safety Handler		
Food Safety Manager		
Partner Application		

Operations Overview						
Agency Days and Times						
Day	AM Start	AM Close	PM Start	PM Close	Frequency	Meal Type
Monday						
Tuesday						
Wednesday						



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Thursday						
Friday						
Saturday						
Sunday						

Service Information

Frequency a client can receive food: _____

Product Model: Choice Push Both Other: _____

Distribution Model: Shopping Drive-Through Delivery Other | _____

Service Software: _____

What info is verified at intake? Address / Residence Photo ID Household Size

Chart Overview

	Yes	No
Are all monthly statistics reports up to date and on file with FSFB?		
Does the agency have a contract with a pest control service or a recent inspection report?		
Are clients free from religious or financial obligation to receive food?		
Do the agency have the Freestore logo posted where clients can see it?		
Are records of all donations from FSFB kept for at least 1 year?		
Are administrative and technical efforts taken to protect privacy, confidentiality, and security?		

Notes / Missing Items to Address

Food Storage Review

Pop-Up Distributions Only / No Food Permanently Stored									
Identifier	Dry	Ref	Frozen	Reading	Identifier	Dry	Ref	Frozen	Reading



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Storage Review	Dry		Frozen		Fridge	
	Yes	No	Yes	No	Yes	No
Is food stored away from walls and ceiling?						
Is storage area free from moisture?						
Are cleaning supplies and other poisonous products isolated from food?						
Are all hygiene items, soaps, etc. stored separately?						
Are thermometers in all areas/units?						
Are temperatures checked and managed consistently?						
Are temperature Logs on file for 5 years?						
Is all equipment well-maintained?						
Is adequate storage available?						
Is the food stored off the floor						
Is food stored or secured in a locked area?						
Is there adequate circulation space for food storage?						
Are freezers defrosted to prevent frost buildup and malfunction?						
Is stock rotated on a regular basis? (Less than 3 months turnover)						

Food Rescue Agencies Only						Yes	No
Does this agency participate in Food Rescue?							
Is this Agency regularly and properly reporting in Meal Connect?							
Are donations being temped at time of pickup?							
Are donations being weighed and re-temped at time of receipt at pantry?							
Donor Verification							
Donor Name	M	Tu	W	Th	F	W/E	



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# of Freezer Blankets		# of Thermometers		# of Scales		
Needs/ Concerns?						

Soup Kitchen / Shelter				
Date of last Health Inspection:		____/____/____		
Are meals served to:	<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Residents of Shelter / Program Participants		
How are meal numbers obtained:	<input type="checkbox"/> Head Count	<input type="checkbox"/> Plate Count	<input type="checkbox"/> Other	
Kitchen Health Compliance			Yes	No
Are sinks cleaned and maintained?				
Is there a designated sink for handwashing with soap and towels?				
Is stove cleaned and maintained?				
Is the dining area clean?				
Is the cookware clean?				
Hot Meal Location Logs (If food is out 2+ Hours)				
Hot Meal Location ID	Temperature	Hot Meal Location ID	Temperature	

Ohio TEFAP Agencies	Yes	No
Agency ONLY participates in OFP?		
Have 5 'Eligibility to take food Home' forms been reviewed?		
Is the TEFAP Manual on file and current?		
Have volunteers taken part in civil rights trainings?		
Are USDA client income eligibility forms on file for 5 years? (pantries only)		
Are the current USDA client eligibility forms being used? (pantries only)		
Is the 'Justice for All' poster displayed in a conspicuous area?		
Are 'Eligibility to Take Food Home' forms on file in all available languages?		



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Is food only distributed to the ill/needful as defined by the IRS?		
Are TEFAP foods repackaged?		
Has the partner posted the location of other TEFAP distribution sites in the area?		

Visit Summary

Signatures / Confirmations

Freestore Representative

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Name	Signature	Date
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Partner Agency Representative

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Name	Signature	Date
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Supplemental Addresses (Additional Points of Contact)

Type: _____

Name: _____

Address: _____

Phone: _____

Mobile Phone: _____

Email: _____

Default

Billing Shipping Ship-To Buy From Statement

Supplemental Addresses (Additional Points of Contact)

Type: _____

Name: _____

Address: _____

Phone: _____

Mobile Phone: _____

Email: _____

Default

Billing Shipping Ship-To Buy From Statement

Supplemental Addresses (Additional Points of Contact)

Type: _____

Name: _____

Address: _____

Phone: _____

Mobile Phone: _____

Email: _____

Default

Billing Shipping Ship-To Buy From Statement

Additional Shopper(s)

Name:		
Email:		
Web Login:		

