



## PARTNER AGENCY MONITORING FORM

<b>MONITORING INFORMATION</b>	
Agency Name:	Date:
Date of Last Monitoring Visit:	Agency Number:
Type of Visit: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Initial <input type="checkbox"/> Annual/Biennial <input type="checkbox"/> Follow-up	
For follow-up visits, describe reason for follow-up:	
Type of Distribution <input type="checkbox"/> TEFAP <input type="checkbox"/> Pantry <input type="checkbox"/> Meal Provider <input type="checkbox"/> Residential or Transitional Housing	
Final Score:	Follow-up Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note section(s) for follow-up)

<b>CONTACT INFORMATION</b>	
<b>AGENCY NAME:</b>	
Agency Address:	
Agency Phone Number:	Agency ID Number:
<b>Agency Director:</b>	
Phone:	Email:
<b>Primary Agency Contact:</b>	Title/Role with Agency:
Phone:	Email:
<b>Billing Contact:</b>	
Title/Role with Agency	
Phone	Email

<b>HOURS OF DISTRIBUTION AND AVAILABILITY (PUBLIC AWARENESS)</b>	
Days of Operation: M T W Th Fr Sa Su	Hours of Operation:
How often do you distribute food? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Explain):	
Is agency open to the Public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are distribution hours permanently posted?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10 <input type="checkbox"/> N/A
Does the sign clearly state Soup Kitchen or Food Pantry?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5 <input type="checkbox"/> N/A
Does the agency have hours/contact posted for an unannounced visit?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
Do you have any requirements for individuals who use your services (e.g.: Only one pick-up per month; must live in County or zip code?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a private program or does it serve a unique demographic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subtotal Possible = 20

Comments:

**RECORD KEEPING (On-Site)**

1. Does the agency have a current Membership Agreement? (every 2 years)	<input type="checkbox"/> No <input type="checkbox"/> Yes =15
2. Does the agency have a current Safe Food Handling Certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes =15
3. Does the agency have latest Department of Health inspection on file? (if required)	<input type="checkbox"/> No <input type="checkbox"/> Yes =15 <input type="checkbox"/> N/A
4. Is the Agency consistently using Link2Feed to record clients visits or (if applicable) submitting monthly statistics prior to the 7 <sup>th</sup> of each month?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
5. Does the agency retain copies of their signed invoices onsite?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Subtotal Possible = 60	

Comments:

**PEST CONTROL**

1. Does the agency conduct their own pest inspections?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
2. Are these pest inspections documented	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
3. Does the Agency use a licensed third party pest control provider?	
4. Are invoices of last (3) pest control visits provided at time of visit? a.) Who provides this service _____	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
5. Has pest control been on-site within the last three months?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10
Subtotal Possible = 30	

Comments:

**FACILITIES**

6. Are accommodations made for people who are disabled (Explain)?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
7. Are clients protected from the elements of weather while waiting?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Subtotal Possible = 10	

Comments:

**FOOD SAFETY PRACTICES**

Do volunteers receive training on food safety practices prior to sorting food from food drives and retail pickup (if applicable)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do staff and volunteers practice good hygiene?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Are disposable gloves available for use by staff/volunteers?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Are restrooms clean and in good repair?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Is a sink provided and accessible for handwashing?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5

Are handwashing signs posted?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
Is there a first aid kit available for staff, volunteers and clients?	
Subtotal Possible = 25	

KITCHEN/FOOD PREPARATION AREAS	
1. Is at least one staff member food safety training certified?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
2. Is the Food safety training certificate current & posted?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
3. Does the organization have a current local health department inspection report within the last year? Date of report: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
4. Do staff and volunteers wear gloves when preparing and/or serving meals?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
5. Is the floor clear from clutter, debris, food, and other particles?	
6. Are the counters, tables, and floors clean and free of debris?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
7. Is an approved method of defrosting foods being used (refrigerator, cold running water, cooking)? List Method: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
8. Are there separate cutting boards for meats, poultry, and vegetables?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
9. Do staff and volunteers wear gloves when preparing and/or serving meals?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
Subtotal Possible = 55	

Comments: \_\_\_\_\_

COLD STORAGE	
1. Does the organization have cold storage units?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many cold storage units? Stand Alone Refrigerators _____ Freezers _____ Walk-In Coolers _____ Freezers _____	
2. Functioning thermometers in each unit? Deduct (5) pts. for each no.	<input type="checkbox"/> No <input type="checkbox"/> Yes = 20
3. Is agency tracking temperatures and maintaining a temperature log? Frequency: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10
4. Do all refrigerators hold temperature at 41°degrees F or below?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do all freezers hold temperature at 0°degrees F or below?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Are all cold storage units in good repair (tight seals, no dripping, no condensation)? (Deduct 5 pts. for each No after the first)	<input type="checkbox"/> No <input type="checkbox"/> Yes = 20
7. Is food in cold storage units in arranged to allow circulation around product?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10
8. Is food stored to avoid cross contamination (poultry on bottom, red meat above, and ready to eat food on top)?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 15
9. Is food rotated to ensure first in, first out (FIFO) product movement?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10
10. Are the units defrosted? (no ice buildup) (Deduct 5 pts. for each No after the first)	<input type="checkbox"/> No <input type="checkbox"/> Yes
COLD STORAGE continued	
11. Are units locked in a room away from harm or theft <b>OR</b> are the units lockable with limited keys?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
12. Food present at time of monitoring?	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Does the agency have an insulated freezer blanket? How many?	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. If the agency has freezer blanket(s), are they clean & in good condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Subtotal Possible = 90	

Comments: \_\_\_\_\_

### Cold Storage Temperatures

Refrigerator			
Unit (#, ltr.)	Temp.	Type	Location

Freezer			
Unit (#, ltr.)	Temp.	Type	Location

Comments: \_\_\_\_\_

\_\_\_\_\_

DRY STORAGE	
1. Is food stored in a temperature controlled space ideally 50-70° F and < 80°?	<input type="checkbox"/> No <input type="checkbox"/> Yes =15
2. Is agency tracking temperatures and maintaining a temperature log? Frequency:	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
3. Are ceilings, walls, and floors clean and in good condition? Is it well maintained? (holes/cracks in the walls, lighting, moisture, temperature)	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
4. Is food stored in sanitary condition, clean and organized?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
5. Is the environment free of pest activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
6. Is agency practicing FIFO and rotating product?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
7. Is the area in a secure and locked location?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
a. Access limited?                      How many keys?	
8. Are chemicals stored separately from food items?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 5
9. Is the food stored on a non-porous surface?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
10. Is food stored 6" from floor, 12" from ceiling and 2" from wall?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
11. Are bulk food items stored in protective containers? (meal programs only)	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
12. Does agency have any additional food or non-food storage?	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Is there food in the pantry at the time of the monitoring?	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. What type of A/C unit do they have (central, window unit, no a/c)?	
Subtotal Possible = 75	

DRY STORAGE TEMPERATURES	
Temperature	Location

Comments: \_\_\_\_\_

\_\_\_\_\_

RETAIL PICK-UP & DROP-OFF PROGRAMS	
1. How many stores assigned to agency?	
2. If picking up refrigerated/ frozen food, does the agency have a freezer blanket or other temperature controlled resource?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10 <input type="checkbox"/> N/A
a. Are the unit(s) in good condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
b. How many unit(s)?	
3. Temperature logs in use and up-to-date? (Attach copy)	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
4. At time of pick-up: Does agency document temperature of perishable items that require temperature control for safety (TCS)?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A

5. Upon arrival at agency: Does the agency document temperature of perishable items that require temperature control for safety (TCS)?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
6. Does the agency calculate the poundage using a scale?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10 <input type="checkbox"/> N/A
7. Does the agency submit monthly donation reports in the month received?	<input type="checkbox"/> No <input type="checkbox"/> Yes = 10 <input type="checkbox"/> N/A
Subtotal Possible = 45	

RETAIL PICK-UPS	
Store #	Pick-Up Days

RETAIL DROPS
Days of Week

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEFAP AGENCIES	
1. Does the agency have a current copy of their annual TEFAP agreement?	<input type="checkbox"/> No <input type="checkbox"/> Yes =15
2. Is the "And Justice For All" poster accessible to clients in each distribution location?	<input type="checkbox"/> No <input type="checkbox"/> Yes =15
3. Is the TEFAP "Written Notice of Beneficiary Rights" visible?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
4. Has at least one current agency representative received the annual Civil Rights training from the All Faiths Food Bank?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
a. Date of training:	
5. Have all additional staff/volunteers received civil rights training?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
a. Are Training Logs maintained on-site to reflect annual training?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
6. Has licensed third party pest control been on-site within the last three months? Name of provider: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
a. Copies of last three (3) pest inspections presented?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
7. When clients receive TEFAP is it documented? (Pantry only) Identify how:	
8. Does the agency keep TEFAP product separated from all other inventory for other programs?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
9. Are TEFAP items labeled and dated with month and year received?	<input type="checkbox"/> No <input type="checkbox"/> Yes =10
10. Are all TEFAP products within their expiration dates?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
11. Is agency using current fiscal year forms? (Pantry only)	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
12. Does the agency keep all TEFAP records for 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
13. Are eligibility forms for the county they distribute in? (Deduct 1 pt. for each NO after the first) (Pantry only)	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
14. Does the agency have a copy of the complaint policy and form?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
15. Does the agency have a civil rights complaint process?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
a. Has the agency had any civil rights complaints? If yes, please explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes
16. Does the agency's hours of distribution sign list the USDA disclaimer?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5
17. Has the agency posted the appropriate signage/phrases if offering additional services or prayer?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
18. Does the agency have blank eligibility forms for all available languages?	<input type="checkbox"/> No <input type="checkbox"/> Yes =5 <input type="checkbox"/> N/A
19. Is the agency on the IRS Automatic Revocation of Exemption List?	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Has the agency had to dispose of any TEFAP food in excess of \$100?	<input type="checkbox"/> No <input type="checkbox"/> Yes
a. Did they notify the Food Bank?	<input type="checkbox"/> No <input type="checkbox"/> Yes
21. Is AFFB the agency's only source of TEFAP food?	<input type="checkbox"/> No <input type="checkbox"/> Yes
a. If No, list other sources:	
Subtotal Possible: 150	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCY AGREEMENT RECAP	
Statement	Initial
1. Agency will use Link2Feed to track program participation or (if applicable) submit monthly statistics by the 7 <sup>th</sup> of each month.	
2. Agency will adhere to the correct order and pick-up/delivery day and time.	
3. Agency will pay balance to AFFB when due.	
4. Agency will give away food to clients at no charge and without asking them to work, attend worship services or follow religious teachings.	
5. Agency will allow unannounced visits from AFFB on distribution day(s).	
6. Agency will prepare and supply all requested documentation for monitoring.	
7. Agency will not re-distribute or repackage food without following proper guidelines.	
8. Agency will notify AFFB in writing of ANY changes related to contact personnel and/or distribution schedules PRIOR to its effective date.	
9. Agency will not sell foods or non-food items from AFFB for profit or fundraising.	
10. Agency will NOT ask for any kind of monetary donation directly from clients.	
11. Agency may be required to take and/or retrain in Safe Food Handling, Agency Orientation, or other education/trainings depending on results of any monitoring.	
12. Agency understands that refusal to comply with the Membership Agreement or any statement listed above is a violation of AFFB regulations which can result in account being inactivated.	

ADDITIONAL COMMENTS

Agency Representative: \_\_\_\_\_ Title: \_\_\_\_\_

AFFB Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

- 501 (C)3 Determination Letter     Last Three (3) Pest Control Inspections     Current Civil Rights Training Logs
- Current Membership Agreement (every two years)     Current TEFAP Agreement (annual)
- Current Satisfactory DOH Inspection (for soup kitchens)     Food Safety Certificate, Expires:

**TOTAL POINTS**

Category	Possible Score	Actual Score
Public Awareness	20	
Record Keeping	70	
Facilities	10	
Kitchen/Food Preparation	35	
Food Safety Practices	25	
Cold Storage	95	
Dry Storage	75	
Pest Control	10	
TEFAP Agencies	150	
Retail Pick-up & Drop Off	45	
Total:	535	

Actual Score ÷ Possible Score = \_\_\_\_\_%

A = 90% -100%    B=80%-89%    C=70%-79%    D=60%-69%    F=59% and below

**Grade of "A or B"** – Compliance form may be issued, depending on violation.

**Grade of "C"** – Compliance form issued and given to agency contact and highest authority, corrective action plan created, and follow-up scheduled by AFFB representative.

**Grade of "D or F"** – Immediate inactivation, compliance form issued and given to agency contact and highest authority, corrective action plan created, and re-monitoring scheduled by AFFB representative.