



# HAWAII FOODBANK

## Partner Agency Monitoring Form

### A. VISIT INFORMATION

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

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

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

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. 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. Are you keeping AUW 211 updated on your service hours?  Yes  No

4. Is the location accessible to anyone with disabilities?  Yes  No

5. Are monthly reports current?  Yes  No If no, describe next steps: \_\_\_\_\_
6. TEFAP 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: \_\_\_\_\_

**D. PEST CONTROL**  N/A

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: \_\_\_\_\_

**E. DRY STORAGE / SANITATION**  N/A

1. Is the "And Justice for All" posted displayed?  Yes  No
2. Is food storage area secured (locked or limited access)?  Yes  No
3. Are ceilings, walls and floors clean, in good condition, and free of debris?  Yes  No
4. Is food stored in a clean and sanitary condition?  Yes  No
5. Is there a cleaning schedule for regular cleaning activities?  Yes  No
6. Is food stored at least 6 inches off of the floor?  Yes  No

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 7. Is food stored away from the wall to facilitate cleaning and inspection?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Is food stored in a temperature-controlled space (ideally 50-70 degrees F)?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Is food stored separately from cleaning materials and chemicals?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Is food rotated to ensure first expired, first out (FEFO) product movement?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. 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 |
| 12. Is all food properly labeled?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Are all canned products in acceptable condition (not swollen, leaking or rusted)?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Is all baby food/formula within expiration dates? <input type="checkbox"/> N/A   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Comments related to the above questions:   |                          |     |                          |    |

**F. COLD STORAGE / SANITATION**  N/A

- |  |                          |                                 |
|--|--------------------------|---------------------------------|
| 1. How many cold storage units do you have?  | Refrigerators:           | Freezers:                       |
| 2. Does each cold storage unit have a functioning thermometer?   | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 3. Are the thermometers calibrated regularly (at least annually)?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 4. Is thermometer calibration documented?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 5. Does the organization maintain temperature logs for all cold storage units?   | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 6. Do all refrigerators hold temperature at 41 degrees F or below?   | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 7. Do all freezers hold temperature at 0 degrees F or below?   | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 8. Are all cold storage units in good repair (tight seals, no dripping condensation)?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 9. Is food in cold storage units arranged to allow for air circulation around product?   | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 10. Is food stored to avoid cross-contamination (such as raw foods below ready to eat foods)?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 11. Is food rotated to ensure first expired, first out (FEFO) product movement?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 12. 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?  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 13. 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) | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

14. Comments related to the above questions:

**G. NON-STORAGE DISTRIBUTION SITES**

N/A

- |   |                          |     |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 1. Is the "And Justice for All" posted displayed?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 2. Is the distribution area in good condition and free of debris?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 3. Is food at least 6 inches off of the floor?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 4. Does the food have overhead coverage? (pop-up tent, existing building, cooler blanket, canopy trees etc.)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 5. Are PHFs distributed within three hours of delivery/pickup?  | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Are PHFs time and temperature procedures being followed?   | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. 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  |                          |    |
| 8. Is all food properly labeled?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 9. Are all canned products in acceptable condition (not swollen, leaking or rusted)?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No  |                          |    |
| 10. Is all baby food/formula within expiration dates?   | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. Comments related to the above questions:  |                          |     |                          |     |                          |    |

**H. 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Is the food safety training certificate current?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Does the organization have a current local health department inspection report?                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Were there any violations found on the last health department inspection report? If "yes," describe below.     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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

**I. USDA DISTRIBUTION SITES**  N/A

- |  |                                |                               |
|--|--------------------------------|-------------------------------|
| 1. Which USDA program(s) do you participate in?  | <input type="checkbox"/> TEFAP | <input type="checkbox"/> CSFP |
| 2. Is the “And Justice for All” posted displayed?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 3. Does the agency have a copy of their current TEFAP/CSFP agreement?                    | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 4. Does the agency keep TEFAP/CSFP product separate from other product?                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 5. Does the agency keep all TEFAP/CSFP records for three (3) years?                      | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 6. Are all TEFAP/CSFP items labeled to distinguish them from donated or purchased items? | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 7. Are all TEFAP/CSFP items within their expiration dates?                               | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 8. Is all required client documentation collected?                                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 9. Comments related to the above questions:  |                                |                               |

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 10. Is the “And Justice for All” posted displayed?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the agency have a copy of their current TANF agreement?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the agency keep TANF product separate from other product?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the agency keep all TANF records for three (3) years?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are all TANF items labeled to distinguish them from donated or purchased items? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are all TANF items within their expiration dates?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is any required client documentation collected?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

17. Comments related to the above questions:

**K. SITE STAFF FOOD SAFETY PRACTICES / FACILITIES**

- 1. Has at least one regular staff and/or volunteer on site received food safety training?  Yes  No
- 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

**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:

**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?

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

## N. MONITORING RESULTS

Approved      Comments:

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

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.

Monitor (Print)

(Signature)

Date

Site Staff Interviewed (Print)

(Signature)

Date

Site staff title