**TEFAP/CSFP**

**COMMODITY LOSS REPORT**

**Use of form:** This form is used by the EFO which must report all losses of TEFAP commodities to the Division of Public Health for compliance with the State/Agency Agreement. This form is used for the Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP).

**Instructions:** TEFAP: All losses of TEFAP commodities with a value of over $100, must be reported immediately to the Division within fifteen days of the occurrence or discovery on the Inventory of TEFAP Commodities (DPH 40061) and TEFAP/CSFP Commodity Loss Report (F-40062). All loss of TEFAP commodities having a value less than $100, must be reported to the Division by the 15th of the month following the loss. These losses must be reported on the Inventory of TEFAP Commodities Pantry, Soup Kitchen, and Shelter Report (DPH 4006) and/or the Inventory of TEFAP Commodities (DPH 40061).

CSFP: All losses of CSFP commodities with a value of over $100, must be reported immediately to the Division within fifteen days of the occurrence or discovery TEFAP/CSFP Commodity Loss Report (F-40062) and on the FNS-153 Monthly Inventory form.

Commodities cannot be disposed of without prior written authorization from DHFS. It is important that all applicable questions are answered each time a report is filed. Provide any additional relevant details as an attachment to completed form. Make one copy of complete form for your files. The original must be mailed to the address below:

**Wisconsin Department of Health Services**

**Division of Public Health**

**1 West Wilson Street, Room 243**

**PO Box 2659**

# Madison, WI 53701

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| Name - EFO | | | | | | | | | | | | | | Agreement Number | | | | |
| Address - EFO (Street/City/State/Zip Code) | | | | | | | | | | | | | | | | | | |
| Name - Contract Person | | | Title | | | | | | | | | | | | | | Telephone Number | |
| TEFAP Commodity Disposition - check one  Theft  Spoiled  Theft by Fraud  Damaged  Other (specify): | | | | | | | | | | | | | | | | | | |
| Date - Loss and/or Damage Occurred or was Discovered | | | | | | Time of Loss - Approximate        A.M. or       P.M. | | | | | | | | | | | | |
| Has Your Agency Experiences a Prior/Similar Loss?  Yes  No | | | | | Claim Report Filed?  Yes  No | | | | | | | Date - Claim Report Filed | | | | | | |
| Loss/Damage Occurred at - check one  Pantry  Soup Kitchen  Shelter  Agency Storage Site  Commercial Locker Plant/Warehouse  (other than DPI warehouse) | | | | | | | | | | | | | | | | | | |
| Address - Loss/Damage Location (Street/City/Zip Code) Do not list address of commercial locker plant/warehouse | | | | | | | | | | | | | | | | | | |
| If commodities were stolen, complete the following.  Are the following storage areas locked? Freezers -  Yes  No Refrigerators -  Yes  No  Dry Storage Areas -  Yes  No  Was a police investigation conducted?  Yes  No If "Yes", attach a copy of the report to this form.  Does the agency have insurance to cover the loss?  Yes  No  If "Yes, has a claim been filed with the insurance company?  Yes  No | | | | | | | | | | | | | | | | | | |
| If commodities were obtained in a fraudulent manner, complete the following.  List name(s) of person(s) proven to have obtained commodities in a fraudulent manner | | | | | | | | | | | | | | | | | | |
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| Method(s) used by provider agency to resolve occurrence.  Requested the individual(s) to pay the full market value of the fraudulently obtained commodities.  Resolved by local law enforcement investigation. | | | | | | | | | | | | | | | | | | |
| Name - Law Enforcement Agency | | | | | | | | | | | Name - Investigating Officer | | | | | | | |
| Address - Law Enforcement Agency (Street/City/Zip Code) | | | | | | | | | | | | | | | Telephone Number | | | |
| If commodities were spoiled, complete the following  Were commodities spoiled upon receipt?  Yes  No  How often are the temperatures in the storage area checked?  Freezer(s)  Daily  Weekly  Other (specify)  Freezer temperature at time spoilage was discovered:  Refrigerator(s)  Daily  Weekly  Other (specify)  Refrigerator temperature at time spoilage was discovered:  Dry Storage  Daily  Weekly  Other (specify)  Dry Storage temperature at time spoilage was discovered: | | | | | | | | | | | | | | | | | | |
| Name - Person Responsible for Monitoring Storage Area Temperature | | | | | | | | | Title | | | | | | | Telephone Number | | |
| Do the refrigerators/freezers have a warning device in case of a malfunction?  Yes  No | | | | | | | | | | | | | | | | | | |
| Does your agency use any kind of professional pest control service?  Yes  No | | | How often is pest control used?  Weekly  Monthly  Other (specify): | | | | | | | | | | | | | | | |
| Name - Pest control service | | | | | | | | | | | | | | | | Telephone Number | | |
| Are shelves or pallets used to keep commodities off the floor?  Yes  No | | | | | | Are dry storage areas well ventilated?  Yes  No | | | | | | | | | | | | |
| Does your agency have insurance to cover this type of loss?  Yes  No | | | | | | Has a claim been filed with the insurance company?  Yes  No | | | | | | | | | | | | |
| If commodities were damaged, complete the following.  Were commodities damaged upon receipt?  Yes  No  Was the damage noted on the DPI Commodity Invoice (PI 1412)?  Yes  No  Were the commodities damaged while in the EFOs possession?  Yes  No  Does the EFO have insurance to cover this type of loss?  Yes  No  Has a claim been filed with the insurance company?  Yes  No | | | | | | | | | | | | | | | | | | |
| Prior authorization from the Department is required for disposal of commodities per the State/agency agreement.  Was the Department of Health Services notified?  Yes  No  Process used to dispose of TEFAP commodities  Burning  Sanitary landfill (attach copy of certification of disposal from landfill)  Sold as animal food (attach copy of bill of sale)  Other (specify): | | | | | | | | | | | | | | | | | | |
| List commodities stolen, spoiled, damaged or obtained fraudulently. | | | | | | | | | | | | | | | | | | |
| Commodity | | Pack | | Quantity Lost | | | | | | Pack Code No. | | | Pack Date | | | | | Date Received |
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| Provide full description of loss (Attach separate sheet(s) if necessary) | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** - Authorized EFO Representative | | | | | | | | Telephone Number | | | | | | Date Signed | | | | |