

South Carolina Department of Social Services  
**USDA COMMODITY FOOD LOSS REPORT**

EFO/ERA Name: \_\_\_\_\_

Warehouse Location: \_\_\_\_\_

Date Loss Detected: \_\_\_\_\_ Date Report Submitted: \_\_\_\_\_

Product Code	Product Name	Date Received	# Cases Lost	Loss Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Loss Type Codes:**  
A-Spoilage      B-Contamination      C-Infestation      D-Freezer Malfunction      E-Theft  
F-Warehouse Damage      G-Hidden Damage      H-Fire      I-Product Missing      J-Other

Explanation of how loss occurred and corrective action taken to prevent future losses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section I – Loss Due to Theft**

Police report attached?  Yes     No    If loss due to theft, explain why police report was not filed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe method of entry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an alarm system present?  Yes     No

Covered by insurance?  Yes     No    Name of Insurance Company: \_\_\_\_\_

**Section II – Loss Due to Storage Practices/Freezer Malfunction**

Was shipment examined upon receipt?  Yes  No Condition:  Good  Damaged

If damaged upon receipt, was a report filed with State Agency?  Yes  No

Describe condition of product when received: \_\_\_\_\_

**Temperature Checks:**

A. How often conducted? \_\_\_\_\_ (Attach temperature log for past 30 days to this report.)

B. Date of last temperature check prior to detection of damage: \_\_\_\_\_

Readings Taken: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_

C. Was FI/FO used for distribution of product in question?  Yes  No

**Section III – Disposition of Food**

Was inspection completed?  Yes  No Inspection report attached?  Yes  No

Was any product salvaged?  Yes  No If yes, what is the current location of salvaged product?

Name of agency and staff person that conducted the inspection: \_\_\_\_\_

Was food destroyed?  Yes  No On whose authority? \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of EFO/ERA Director

\_\_\_\_\_  
Date

**STATE AGENCY USE ONLY**

Total Value of Loss: \_\_\_\_\_ Was loss due to negligence?  Yes  No

Claim Determination:  Claim Assessed  No Claim Assessed

**Total Claim: \$** \_\_\_\_\_

\_\_\_\_\_  
Signature of State Agency Official

\_\_\_\_\_  
Date