



**Oklahoma Department of Human Services  
 USDA Donated Foods (TEFAP)  
 Emergency Food Organization Review Form**

**SOUP KITCHEN/SHELTER**

Agency Name:	Address – Street City/State Zip Code		
Email Address	Mailing Address if different:		
Name of REFO:	Person(s) Interviewed:		
Reviewer's Name:			Review Date:

**Food Receipt**

**Yes    No    NA**

           1. TEFAP USDA Foods are: \_\_\_\_Delivered by REFO    \_\_\_\_Picked up by agency    \_\_\_\_ other

\_\_\_\_\_ 2. What is the date of the most recent pick up or delivery?

\_\_\_\_\_ 3. How many times per month is food picked up or delivered?

           4. Have any USDA Foods been received that were spoiled or out of condition?  
 If "Yes", explain \_\_\_\_\_

           5. Have losses been reported to the REFO in a timely manner using the correct forms and procedures?

**Food Storage**

Date of Most Recent Health Inspection: \_\_\_\_\_

Note any corrective action required: \_\_\_\_\_

           1. Are USDA Foods kept 4" off the floor and stored on pallets, platforms or shelves?

           2. Are non food and toxic items kept separate from USDA Foods?

           3. Are USDA Food storage areas clean and odor free?

           4. Is there a regular cleaning schedule established and maintained?

           5. Are doors, windows and roofs well sealed to prevent pest entry and/or water damage?

           6. Do the storage areas have adequate safeguards to prevent theft, spoilage or other loss?

- 7. Is a good pest control system maintained by a qualified person on staff or does the LEFO contract with a licensed firm to manage pest control?  
Contractor \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_
- 8. Is a temperature log maintained?
- 9. Are dry, refrigerated and frozen items stored at proper temperatures?  
Actual readings: \_\_\_Dry Storage \_\_\_Refrigerated \_\_\_Frozen
- 10. Are controls in place that assure a first in, first out inventory flow?
- 11. Are there any TEFAP USDA Foods currently in storage that were received more than six months prior to the date of this review?  
How many (full) cases of USDA Foods are currently in inventory?  
\_\_\_\_\_

**Operations Integrity/Civil Rights Compliance**

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do all certification and distribution activities appear to be appropriate with regard to Civil Rights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the USDA “And Justice For All: (AD-475-C, 11” x 17”) poster displayed and visible to clients?      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have there been any discrimination complaints filed against the agency in the last year?              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. If so, were they forwarded appropriately?   |

**General Information:**

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the agency have a current signed agreement with their regional food bank?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is a copy of the agreement on file at the agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are meal counts taken daily and kept on file for three years?   |
|                          |                          |                          | 4. How long has the agency been in operation?<br>_____   |
|                          |                          |                          | 5. How long has the agency received USDA Foods?<br>_____   |
|                          |                          |                          | 6. How many volunteers are involved in your food program each month?<br>_____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Has the agency received training on the standards for participation in TEFAP?                             |
|                          |                          |                          | 8. What was the date of the most recent training?<br>_____   |
|                          |                          |                          | 9. What was the date of the most recent on-site review?<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a copy of the review on file?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. If corrective action was required, have ALL issues been resolved? If “NO” please explain below.<br>_____ |

\_\_\_\_\_

12. What is the average number of meals served each month?

\_\_\_\_\_

13. What are the agency's hours of operation?

13. If appropriate, are the days and hours of operation posted outside the facility?

Comments:

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Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date