Partnership Visit Report

Agency Name /ID _____   **Date** _____

Agency Type
☐ Pantry
☐ Congregate

Agency Visit
☐ Announced   ☐ Presite
☐ Unannounced   ☐ Follow-Up

Code Reference

YES = All Correct   FOS = Fixed on Site   NI = Needs Improvement   N/A = Not Applicable

Meets Network Standards	Record Keeping	Comments
☐ Yes ☐ NI ☐ FOS ☐ N/A	Membership agreement	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Four years of invoices	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Health inspection	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Pest control ____ Self ____ Prof.	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Prominent door sign w/ hours, emergency #	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Written guidelines or brochures for services	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Sign-in sheet/Meal count procedure	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Religious/political meeting not required	

What is your distribution model?

What is your level of choice?

What are the eligibility requirements for your Agency?

How is Neighbor privacy and individual confidential data securely protected?

Meets Network Standards	Physical Facilities and Mobile Transport	Comments
☐ Yes ☐ NI ☐ FOS ☐ N/A	All food stored at agency site	
☐ Yes ☐ NI ☐ FOS ☐ N/A	All products kept off floor	
☐ Yes ☐ NI ☐ FOS ☐ N/A	All food containers labeled or dated	
☐ Yes ☐ NI ☐ FOS ☐ N/A	No unreasonable reserves or hoarding	
☐ Yes ☐ NI ☐ FOS ☐ N/A	First in/first out method, rotating	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Cleaning chemicals separate from food	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Storage area adequately ventilated	Room temperature:_____
☐ Yes ☐ NI ☐ FOS ☐ N/A	Temperature logs maintained weekly	
☐ Yes ☐ NI ☐ FOS ☐ N/A	Temperatures below danger zone 0/40	____Refridge temp. ____Freezer temp.

How are TCS Food products transported safely (refrigerated vehicle, insulated coolers/bags, thermal blankets, Cambros, etc)? Checked for cleanliness? Temperature control documentation?

Are TCS Food products transported from the Agency to off site locations for distribution? If so, how is temperature control maintained and are TCS food products properly labeled? Checked for cleanliness? Temperature control documentation?

Other:

Meets Network Standards	USDA/TEFAP	Comments
☐ **Yes** ☐**NI** ☐**FOS** ☐**N/A**	FD-6 TEFAP Agreement on file	
☐ **Yes** ☐**NI** ☐**FOS** ☐**N/A**	Justice For All poster	
☐ **Yes** ☐**NI** ☐**FOS** ☐**N/A**	Faith based written notice form	

Refrigeration/Freezer Storage Area	Number of Units	Temperatures
Refrigerator Walk-In		
Stand-up		
Commercial Unit: Cooler		
Commercial Unit: Freezer		
Freezer Walk-In		
Deep Freezer		
Side by Side		

Agency and Neighbor - Building Capacity

1. Are there particular areas of your operation that you wish to build capacity or seek specific improvements?

2. Are there any specific challenges your agency is facing outside of "food"?

3. Are there any groups within your community that you feel are currently under served, such as Seniors, unsheltered neighbors, veterans, immigrants, etc.?

Testimonials

_____
_____
_____

Comments/Concerns

_____
_____
_____

Follow-up visit required   ☐ Yes   ☐ No

_____   _____
Agency Representative   OFH Representative