

## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) COMMODITY INCIDENT REPORT

A Commodity Incident Report is required for each product identified and must be sent immediately. Please include all relevant documentation and pictures. Claim decisions will be shared with all parties within 7 business days of receipt.

Foodbank: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Product Received: \_\_\_\_\_

USDA Product # and Description: \_\_\_\_\_ Sales Order #: \_\_\_\_\_

Check the box(es) that apply.

TYPE OF INCIDENCE and AMOUNT AFFECTED	
Overage <u>at</u> Delivery and cases affected _____	Product Damage <u>after</u> Delivery and cases affected _____
Shortage <u>at</u> Delivery and cases affected _____	<u>Out of Condition</u> Expired                      Infested Spoiled                      Loss Waste
Damage <u>at</u> Delivery and cases affected _____	
Other (Provide Description) and cases affected _____	

Details: \_\_\_\_\_

Number of Cases Affected:	Price per Case:	Total Value of Loss:
_____	X \$ _____	= \$ _____

Food Bank Signature: \_\_\_\_\_ Date loss was reported: \_\_\_\_\_

Email to: MN DHS OEO and Hunger Solutions Minnesota [MNTEFAP@hungersolutions.org](mailto:MNTEFAP@hungersolutions.org)

\*All food loss over \$500 will be sent to USDA for regional product tracking\*

\*Bottom Portion to be Completed by TEFAP Manager at DHS OEO

Value less than \$500	Referred to USDA (value over \$2,500)
Value between \$500-\$2500	Not Referred to USDA (value over \$2,500)
Claim Filed by State	Claim Filed by State
NO Claim Filed by State	NO Claim Filed by State

Additional Follow up required ? What was the Outcome?

Date Claim Filed (if applicable): \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_