   
Food Donation Tracking Form for Food Facility Operators  
Use this form to help you keep track of your facility’s food donations.

|  |  |
| --- | --- |
|  | |
| Name of Facility or Event | |
|  | |
| Address | |
|  | |
| Name of Receiving Agency | |
|  |  |
| Delivered and/or Received By (Print Name) | Date of Pick-Up |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Type of Food | Weight (lbs) | DONOR  Temperature at holding (if perishable) | Time temp was taken (if perishable) | RECEIVER Temperature at receipt (if perishable) | Time temp was taken (if perishable) | Accepted |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
| Date | Type of Food | Weight (lbs) | DONOR  Temperature at holding (if perishable) | Time temp was taken (if perishable) | RECEIVER Temperature at receipt (if perishable) | Time temp was taken (if perishable) | Accepted |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |
|  |  |  |  |  |  |  | YES or NO |

|  |  |
| --- | --- |
| This portion to be completed by Food Donation Recipients: | |
|  | |
| Name of Receiving Agency | |
|  |  |
| Received By (Print Name) | Date of Pick-Up |

I acknowledge that the food item(s) listed above meet the temperature holding requirements for potentially hazardous foods, as defined in Section 113871 of the California Retail Food Code.

|  |  |
| --- | --- |
| Donor Signature | Date |
| Recipient Signature | Date |