

# Commercial Edible Food Generator Survey

Senate Bill 1383 became effective as of January 1, 2022. This state law requires reducing short-lived climate pollutants such as methane through food waste reduction and edible food recovery in California. To learn more about SB1383 and how it will impact your business, use the following link:

<https://www.calrecycle.ca.gov/organics/slcp/foodrecovery/donors>

\* Indicates required question

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1. 1. Please choose your corresponding business type. Mark all that apply.

*Check all that apply.*

- Supermarket
- Grocery Store
- Food Service Provider
- Food Distributors
- Wholesale Food Vendors
- Restaurants
- Hotels with an on-site food facility
- Health Facilities with an on-site food facility
- Large Venues
- Large Events
- Local Education Agencies with an on-site food facility
- State Agency Cafeterias
- Non-Local Entities (community colleges, public universities, state park facilities, government prisons, etc.)
- Food Processors/Manufacturers
- Other

2. 2. Business Name:

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3. 3. Street Address:

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4. 4. Zip Code:

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### Primary Contact Information

Please provide the information of the best person to contact regarding edible food donation.

5. 5. Name:

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6. 6. Title/Position:

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7. 7. Phone Number:

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8. 8. E-mail:

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### Business Size

Help us determine the size of your business

9. 9. Number of employees

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10. 10. Facility size in sq. ft. (for grocery stores, restaurants, and cafeterias, excluding parking lot)

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11. 11. Number of seats (for restaurants, cafeterias, or event venues)

If this question doesn't apply to you, please leave it blank.

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12. 12. Number of beds (for health facilities ONLY)

If this question doesn't apply to you, please leave it blank.

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13. 13. Number of rooms (for hotels ONLY)

If this question doesn't apply to you, please leave it blank.

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14. 14. Approximate number of attendees per event (for large venues or events ONLY)

If this question doesn't apply to you, please leave it blank.

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### Food Waste Analysis

This section will be utilized to assess your business's current food waste practices. Please answer the following questions to the best of your ability:

15. 15. Do you have any excess edible food that can be donated? \*

*Mark only one oval.*

Yes

No

16. 16. If yes, what type(s) of food do you have?

*Check all that apply.*

- Produce
- Meat
- Eggs, dairy, dairy alternatives
- Baked goods
- Packaged/Non-perishable foods
- Cold, ready-to-eat prepared foods
- Hot, ready-to-eat prepared foods
- Expiring
- Other: \_\_\_\_\_

17. 17. Do you donate your excess edible food? \*

*Mark only one oval.*

- Yes
- No

18. 18. What do you do with food waste?

*Mark only one oval.*

- Picked up by rendering company
- Throw into organic waste bin provided by waste hauler
- Compost
- Throw away into trash bin
- Other: \_\_\_\_\_

### Food Donation - Donating Excess Edible Food

You answered 'YES' to donating your excess edible food. Please help us assess the program you already have in place to see how we might help you increase your donation amount.

19. 19. If you are donating your excess edible food, who do you donate to? Please list all food recovery organizations/services you work with by name:

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20. 20. Do you have a contract or written agreement with these food recovery organizations/services?

*Mark only one oval.*

- Yes, we have a contract or written agreement
- No, we don't have a contract or written agreement

21. 21. What types of food do you donate? (Check all that apply)

*Check all that apply.*

- Produce
- Meat
- Eggs, dairy, dairy alternatives
- Baked Goods
- Packaged/non-perishable foods
- Cold, ready-to-eat prepared foods
- Hot, ready-to-eat prepared foods
- Other: \_\_\_\_\_

22. 22. Do you keep track of your edible food donations? \*

*Mark only one oval.*

Yes

No

23. 23. What method do you use to track the amount of food that you donate? (Check all that apply)

*Check all that apply.*

Count number of containers

Estimate

Food recovery organization/service measures

Weight on scale

Other: \_\_\_\_\_

24. 24. Approximately how much food do you donate per month?

Please indicate food type if possible and whether you measure your donations in lbs, boxes, or pallets.

\_\_\_\_\_

25. 25. Can you describe how the food is donated?

*Check all that apply.*

Food recovery organization/service picks up food on a schedule

Food recovery organization/service picks up food on-call

Employee drops off food at food recovery organization/service

Other: \_\_\_\_\_

26. 26. How often does your business make donations?

*Mark only one oval.*

- Daily
- Weekly
- Monthly
- Occasionally
- Other

27. 27. What challenges have you faced in your food recovery efforts thus far? (Check all that apply)

*Check all that apply.*

- No storage for excess food
- Conflicting hours with food recovery agencies
- Not enough space in transportation to self-haul
- It takes significant time away from daily operations
- I have to re-train staff
- The food recovery organization is not consistent with pick up
- I do not always have food left over to donate
- Other: \_\_\_\_\_

28. 28. Would you like assistance in connecting with food recovery organizations to increase your food donations?

We will follow up with information on food recovery agencies that meet your business's needs.

*Mark only one oval.*

- Yes     *Skip to question 35*
- No     *Skip to question 35*

## Food Donation - Not Donating Excess Edible Food

You are currently not donating your excess edible food. Please help us assess your current food waste landscape to best support you in meeting SB 1383 requirements.

29. 29. Why haven't you started donating your excess edible food? (Check all that apply)

*Check all that apply.*

- We always believed that food donation was a liability
- We have no storage available for excess food
- Implementing a donation program requires more work
- Our hours do not align with food recovery agencies nearby
- There are no food recovery agencies nearby
- We tried donating but the food recovery agency never came to pick it up
- We do not have excess edible food that can be donated
- We return damaged or extra foods to our suppliers
- Other: \_\_\_\_\_

30. 30. What types of edible food will you be able to donate?

*Check all that apply.*

- Produce
- Meat
- Eggs, dairy, dairy alternatives
- Baked goods
- Packaged/non-perishable foods
- Cold, ready-to-eat prepared foods
- Hot, ready-to-eat prepared foods
- Other: \_\_\_\_\_



31. 31. Approximately how much food will you be able to donate each month?  
Please indicate food type if possible and whether you measure your donations in lbs, boxes, or pallets.

\_\_\_\_\_

32. 32. How often will you be able to make donations?

*Mark only one oval.*

- Daily
- Weekly
- Monthly
- Occasionally
- Other: \_\_\_\_\_

33. 33. Would you like assistance in connecting with food recovery organizations to begin donating your excess edible food?

We will follow up with information on food recovery agencies that meet your business's needs.

*Mark only one oval.*

- Yes
- No     *Skip to question 35*

34. 34. If you need assistance to connect with food recovery agencies, please indicate the best days and time for pick-up or drop-off:

*Check all that apply.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>5am-8am</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8am-11am</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11am-1pm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1pm-3pm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3pm-6pm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6pm-8pm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback

Thank you for your time!

35. 35. Do you have additional comments you would like to share?

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