

ST. MARY'S FOOD BANK ALLIANCE

Main Office & Warehouse: 2831 N. 31st Avenue Phoenix, AZ 85009-1518
Phone: (602) 352-3640 Fax: (602) 352-3659 Web: www.FirstFoodBank.org

FLAGSTAFF FACILITY

Mailing Address: P.O. Box 411 Flagstaff, AZ 86002
Street Address: 1409 Butler Avenue Flagstaff, AZ 86002
Phone: (928) 779-7066 Fax: (928) 779-4267

AGENCY MONITORING FORM

For Office Use Only – Check One:

- | | |
|--|--|
| <input type="checkbox"/> Initial Monitoring (New Agency) | <input type="checkbox"/> Planned Annual Monitoring |
| <input type="checkbox"/> Drop-In Annual Monitoring | <input type="checkbox"/> Re-Monitoring to Qualify |
| <input type="checkbox"/> Other: _____ | |

Agency I.D. AG: _____ GN: _____ Agency Name: _____

Date: _____ Monitor Name: _____

Site Address: _____

Mailing Address: _____

Parent Organization (if applicable): _____

Primary Contact Person: _____

Agency Director or Secondary Contact Person: _____

Primary Phone #: _____ Secondary Phone #: _____

Fax #: _____ Email: _____

Part I: Agency Information

Y / N Does agency provide service to a specifically designated area?
If yes, what is the service area? _____

Y / N Does agency deliver food to clients?
If yes, to whom do they deliver? _____

Are the agency's services limited by any of the following? (**Check all that apply**)

- | | |
|--|---|
| <input type="checkbox"/> Storage space for dry product | <input type="checkbox"/> Storage space for frozen product |
| <input type="checkbox"/> Availability of staff or volunteers to help | <input type="checkbox"/> Ability to get to the Food Bank |
| <input type="checkbox"/> Lack of funds | |

What is / are the agency's source(s) of funding?

What food sources does the agency access at the Food Bank? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> B.R.E.A.D. | <input type="checkbox"/> CSFP (USDA commodity program) |
| <input type="checkbox"/> Emergency Baby Box | <input type="checkbox"/> Emergency Food Box |
| <input type="checkbox"/> Farmers Market or produce distribution | <input type="checkbox"/> FOOD Value Club |
| <input type="checkbox"/> Kids Cafe® | <input type="checkbox"/> Surplus (Agency Shopping – donated food) |
| <input type="checkbox"/> Source (Agency Shopping – purchased food & America's Second Harvest) | <input type="checkbox"/> TEFAP (USDA commodity program) |

What is / are the agency's other source(s) of food? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Supermarkets, or grocery stores | <input type="checkbox"/> Warehouse clubs (Sam's Club, Costco, etc.) |
| <input type="checkbox"/> Discount stores (Wal*Mart, Target, etc.) | <input type="checkbox"/> Farmers market(s) |
| <input type="checkbox"/> Other: _____ | |
-

Part II: Agency Services Provided to Clients

	FORM	PROGRAM TYPE
Y / N	A	Congregate Meal Program (Group Meal) – Agency prepares and serves meals to walk-in guests, or prepares meals for serving clients off-site. They do not provide shelter to clients. <i>Examples: soup kitchen, child and senior daycare, meals provided in a park</i>
Y / N	B	Emergency Food Provider – Agency provides groceries to those in need of one-time or short-term food assistance. <i>Examples: pantry, agency that utilizes case managers / social workers for clients</i>
Y / N	C	Food Distribution Program – Agency provides food services in mass distribution. <i>Examples: Brown Bag, Food Value Club, School Distribution, Farmers Market</i>
Y / N	D	Residential Program – Agency prepares and serves meals to clients to whom they also provide shelter <i>Examples: temporary or domestic violence shelter, rehabilitation home, group home</i>
Y / N	E	Commodity Supplemental Food Program (CSFP) / FoodPLUS
Y / N	F	The Emergency Food Assistance Program (TEFAP)
Y / N	G	Kids Cafe®

Complete the appropriate section(s) according to the information recorded in the previous section.

Part III: Agency Integrity & Procedures (ALL)

Program Integrity

Y / N Do recipients receive food or products free of charge / fees / donations / membership requirement?
If no, explain: _____

- Y / N Does the intake / distribution process treat recipients in a way that demonstrates dignity?
- Y / N Do recipients receive food or products regardless of their participation in religious services or classes?
- Y / N Is there an interpreter available for Spanish-speaking clients?

NO on any of these questions requires immediate and documented change in order to proceed.

Program Procedures

How is eligibility for services determined by agency? _____

What, if any, forms of identification are recipients required to provide to agency in return for services?

Part IV: Food Safety, Storage & Inventory

Certifications (Obtain copies of all certifications, if not listed on cover page)

- Y / N Are agency representative(s) certified to handle food, i.e. do they have Food Handler’s card(s)?
FHC: NAME: _____
RMC: NAME: _____
- Y / N *If yes, is / are the Food Handler’s card(s) displayed in plain view?*
- Y / N Has the facility been inspected by the county’s Health Department?
- Y / N *If yes, is the Health Department certification displayed in plain view?*

FILL OUT THE FOLLOWING SECTION FOR ALL AGENCIES WHO STORE FOOD

General Cleanliness

- Y / N Are walls clean and free of visible soil and grease?
- Y / N Are floors clean and sanitary, including free of excessive cracking?
- Y / N Are baseboards and wall intersections clean and free of debris?
- Y / N Are food contact surfaces clean and sanitary, including free of excessive chipping and breaks?
- Y / N Are doors and door handles clean and sanitary?
- Y / N Is ceiling free of visible soil, grease, and easily cleanable?
- Y / N Are all areas free of standing water?
- Y / N Are floors under tables and racks clean and clear of debris?
- Y / N Is shelving clean and free of debris?
- Y / N Are garbage cans clean?
- Y / N Is garbage can covered by a lid?

- Y / N Are mops and brooms reasonably clean and in good repair?
- Y / N Are mops and brooms stored off the floor so as not to attract pests?
- Y / N Is mop bucket currently in use?
 - If yes, does it contain hot, soapy water?*
 - If no, is it clean and stored empty?*

NO to any questions requires explanation and/or corrective action plan:

General Cleanliness:
Additional Comments

Facility

- Y / N Is lighting sufficient to make all areas easily visible for cleaning?
- Y / N Is lighting shielded and coated (shatter-proof)?
- Y / N Are walls in good condition, with no visible damage or holes?
- Y / N Are open windows tightly screened to prevent pests from entering the building?
- Y / N Is the outside perimeter of the building free of excessive debris?
- Y / N Is the trash or dumpster area outside the building free of any waste on the ground?

NO to any questions requires explanation and/or corrective action plan:

Facility:
Additional Comments

Pest Control

- Y / N Is the facility free of any evidence of droppings, bodies or live pests?
- Y / N Does the agency have a regular schedule of visual inspections for infestation and / or visits from a certified pest control company? *(If yes, obtain a copy of the schedule & pest control contract.)*
 - Professional*
 - Self-Spray*

NO to any questions requires explanation and/or corrective action plan:

Pest Control:
Additional Comments

Restrooms

- Y / N Are restrooms kept clean and sanitary, including the walls, floor, ceiling, toilets and sinks?
- Y / N Are restroom supplies fully stocked and available?
- Y / N Is hot water readily available in the sink, i.e. is the water hot within 20 seconds?

Y / N Is a sign or poster displayed in plain view in the restroom which instructs staff and volunteers working with food to wash their hands before returning to work?

NO to any questions requires explanation and/or corrective action plan:

Restrooms:

Additional Comments

Storage

Y / N Are all nonperishable foods kept 6 inches off the floor and stored on pallets, platforms or shelves?

Y / N Are all nonperishable foods or products labeled with the date they entered the facility?

Y / N Does agency observe practice of rotating stock of nonperishables, i.e. "first-in, first-out?"

Y / N Are open nonperishable food containers covered in a way that will prevent contamination?

Y / N Are bulk containers of nonperishable product, i.e. rice, flour, sugar, etc., stored without a scoops inside the containers?

Y / N Are toxic items and chemicals, including soaps, bleach, cleaning supplies, stored away from food items?

Y / N Are toxic items properly packaged and labeled?

Area

Temperature (85 degrees or below)

Nonperishable storage 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

NO to any questions requires explanation and/or corrective action plan:

Storage:

Additional Comments

FILL OUT THE FOLLOWING SECTION FOR ALL AGENCIES WITH REFRIGERATORS & FREEZERS

Y / N Does the agency have refrigerator(s)? How many: _____ Home _____ Commercial _____

Y / N Does the agency have freezer(s)? How many: _____ Home _____ Commercial _____

Area

Temperature

Refrigerator 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Freezer 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Note: Refrigeration must not exceed 41°Fahrenheit. Freezing must not exceed 32°Fahrenheit, although 0°Fahrenheit is recommended.

- Y / N Are raw, uncooked foods stored below any product that would not require cooking prior to serving, i.e. cheese, produce, bread, water, etc.
- Y / N Are all perishable products labeled with the date they entered the facility?
- Y / N Are products labeled with a “use-by” or “made-by” date?
- Y / N Does agency observe practice of rotating stock of perishables, i.e. “first-in, first-out?”
- Y / N Are open perishable food containers covered in a way that will prevent contamination?
- Y / N Are refrigerator(s) and freezer(s) clean and sanitary, inside and out?
- Y / N Is an easily readable temperature measuring device located inside the refrigerator(s) and freezer(s) to provide accurate reading of internal temperature?
- Y / N Is the area behind, under and around the refrigerator(s) and freezer(s) clean?

NO to any questions requires explanation and/or corrective action plan:

Refrigerators and/or Freezers:

Additional Comments

Part V: Program Development

Review the following:

- Agency Partner Agreement
- How to “shop,” use agency order forms, and place orders at the Food Bank
- Shared Maintenance Fees
- Program information, including BREAD, CSFP, TEFAP, Kids Cafe[®], Community Kitchen, FOOD Value Club, available government programs, if applicable
- Food safety, storage and inventory information

Part VI: Questions / Comments from Agency Representative

Part VII: Monitor's General Comments

Agency Representative Signature

Title

Date

Monitor's Signature

Title

Date

Follow-Up

Agency Approved

Re-Monitor in 3 Months

Re-Monitor in 6 Months

Not Approved

Other: _____

NOTES

FORM A: CONGREGATE MEAL PROGRAMS

What day(s) and time(s) does the agency serve congregate meals?

	Breakfast	Lunch	Dinner	Snack
Sunday	Time:	Time:	Time:	Time:
Monday	Time:	Time:	Time:	Time:
Tuesday	Time:	Time:	Time:	Time:
Wednesday	Time:	Time:	Time:	Time:
Thursday	Time:	Time:	Time:	Time:
Friday	Time:	Time:	Time:	Time:
Saturday	Time:	Time:	Time:	Time:

On average, how many individuals are served:

_____ At breakfast? _____ At lunch? _____ At dinner? _____ During the snack?

How is the count determined?

By # of plates used By count of individuals By sign-in sheet Other: _____

Food Safety, Storage & Inventory

- Y / N Are plastic or vinyl gloves (not latex gloves) worn when product that does not need to be cooked prior to serving is handled?
- Y / N Are food preparers prohibited from smoking while preparing food?
- Y / N Are cutting boards in good condition and free of excessive deep cuts or other openings that would allow for bacterial growth?
- Y / N Is a hand washing sink located near the food preparation area? *(Ideal, but not required)*
If yes, is the hand washing sink easily accessible?
- Y / N Is the hand washing sink clean and in sanitary condition?
- Y / N Is liquid soap readily available by the hand washing sink?
- Y / N Is a single-towel dispenser or blow dryer available to dry hands?
- Y / N Is hot water readily available in the sink(s), i.e. is the water hot within 20 seconds?
- Y / N Is there a separate sink used for food preparation, i.e. not used to wash hands or dishes?
- Y / N Are utensils clean and sanitary, and stored away so as to prevent contamination prior to use?
- Y / N Is can opener clean and sanitary, with no visible food debris?
- Y / N Is the inside of the microwave clean and free of food deposits?
- Y / N Are hood and exhaust systems clean and free of large deposits of grease?

How is product thawed?

Under cold running water Under refrigeration In a microwave Other: _____

Note: The first three methods listed are the only acceptable methods for thawing food. Foods that are thawed in a microwave must be cooked immediately after thawing.

Y / N Is perishable food kept out of the “food danger zone”?

Note: The current “food danger zone” is 41°Fahrenheit to 130 °Fahrenheit .

NO to any questions requires explanation and/or corrective action plan:

Food Preparation:

Additional Comments

Y / N Are agency representative(s) Restaurant Manager certified, i.e. do they have an RMC?

If yes, list the name(s) of certified personnel:

FHC: NAME: _____

RMC: NAME: _____

Note: The most common curriculum for RMC is ServSafe, but there are several curricula that are acceptable.

FORM B: EMERGENCY FOOD PROVIDER

What day(s) and time(s) does the agency provide emergency food assistance?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Afternoon:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Evening:	Time:	Time:	Time:	Time:	Time:	Time:	Time:

On average, how many households are served each week? _____

What is the average size of the household served? _____

How is the count determined?

- By # of boxes / bags distributed
 By count of households
 By sign-in sheet
 Other: _____

How often are households allowed to receive food assistance? _____

Y / N Does the agency use food boxes or bags assembled by the Food Bank, i.e. Emergency Food Boxes and/or Emergency Baby Boxes?

If no, what food items does agency include in its food boxes or bags? (Check all that apply)

- Non-perishables
 Produce
 Dairy
 Meat / poultry
 Bakery goods, i.e. bread, pastries
 Infant formula
 Non-food items
 Other: _____

On average, how many days does the agency's food box or bag last a family? _____

FORM C: FOOD DISTRIBUTION PROGRAM

What is the type of distribution?

- Brown Bag Farmers Market / Produce FOOD Value Club
 School Distribution Other: _____

Y / N Does the agency / site use a sign-in log?

Y / N Is product delivered?

- Is there easy access for a semi-truck to get to the distribution area?
 Is the staging surface off dirt / gravel?

Y / N Is the staging surface safe, clean and free of hazards?

- Is the staging surface protected from the weather?
 Is the staging surface inside a building?

Y / N Is the on-site coordinator or alternate contact person at the site upon the truck's arrival?

Y / N Is there a clean restroom available at the site?

Y / N Is there a sink with liquid soap to wash hands available at the site?

Y / N Is there hot water available?

Y / N Do recipients bring their own boxes or bags?

Y / N If recipients do not have boxes or bags, does the distribution site provide boxes or bags to them?

NO to any questions requires explanation and/or corrective action plan:

What are the distribution hours?

Start time: _____ End time: _____

What time do recipients arrive at the distribution site? _____

FORM D: RESIDENTIAL PROGRAM

What day(s) and time(s) does the agency serve congregate meals?

	Breakfast	Lunch	Dinner	Snack
Sunday	Time:	Time:	Time:	Time:
Monday	Time:	Time:	Time:	Time:
Tuesday	Time:	Time:	Time:	Time:
Wednesday	Time:	Time:	Time:	Time:
Thursday	Time:	Time:	Time:	Time:
Friday	Time:	Time:	Time:	Time:
Saturday	Time:	Time:	Time:	Time:

On average, how many individuals are served:

_____ At breakfast? _____ At lunch? _____ At dinner? _____ During the snack?

Food Safety, Storage & Inventory

- Y / N Are plastic or vinyl gloves (not latex gloves) worn when product that does not need to be cooked prior to serving is handled?
- Y / N Are food preparers prohibited from smoking while preparing food?
- Y / N Are cutting boards in good condition and free of excessive deep cuts or other openings that would allow for bacterial growth?
- Y / N Is a hand washing sink located near the food preparation area? *(Ideal but not required)*
- Y / N *If yes, is the hand washing sink easily accessible?*
- Y / N Is the hand washing sink clean and in sanitary condition?
- Y / N Is liquid hand soap readily available by the hand washing sink?
- Y / N Is a single-towel dispenser or blow dryer available to dry hands?
- Y / N Is hot water readily available in the sink(s), i.e. is the water hot within 20 seconds?
- Y / N Is there a separate sink used for food preparation, i.e. not used to wash hands or dishes? *(Ideal but not required)*
- Y / N Are utensils clean and sanitary, and stored away so as to prevent contamination prior to use?
- Y / N Is can opener clean and sanitary, with no visible food debris?
- Y / N Is the inside of the microwave clean and free of food deposits?
- Y / N Are hood and exhaust systems clean and free of large deposits of grease?

How is product thawed?

- Under cold running water Under refrigeration In a microwave Other: _____

Note: The first three methods listed are the only acceptable methods for thawing food. Foods that are thawed in a microwave must be cooked immediately after thawing.

Y / N Is perishable food kept out of the “food danger zone”?

Note: The current “food danger zone” is 41°Fahrenheit to 130 °Fahrenheit .

NO to any questions requires explanation and/or corrective action plan:

Food Preparation:

Additional Comments

Y / N Are agency representative(s) Restaurant Manager certified, i.e. do they have an RMC?

If yes, list the name(s) of certified personnel:

FHC: NAME: _____

RMC: NAME: _____

Note: The most common curriculum for RMC is ServSafe, but there are several curricula that are acceptable.

FORM E: COMMODITY SUPPLEMENTAL FOOD PROGRAM SITE REVIEW

Commodity Storage

- Y / N Is storage area secure with limited access?
- Y / N Are CSFP packed boxes and loose commodities kept separate from other commodities?
- Y / N Are CSFP packed boxes and loose commodities stored 6 “ off the floor and 6” away from walls?
- Y / N Is cold storage adequate for refrigerated product?
- Y / N Is the area free of any signs of pest infestation?
- Y / N Is pest control scheduled? When: _____
- Professional
- Self-Spray
- Y / N Does agency observe practice of rotating stock of commodities, i.e. “first-in, first-out?”
- Y / N Has there been a recent loss of or damage to packed boxes or loose commodities?
If yes, explain

Work Area for Distribution

- Y / N Is the work area well organized?
- Y / N Is the area protected from weather?
- Y / N Is the area safe and free from hazard?

What are the distribution hours?

Start time: _____ End time: _____

Distribution Procedure

- Y / N Is certification verified?
- Y / N Is recipient’s authorized signature reviewed?
- Y / N If proxy is picking up box, is permission slip reviewed and attached to master list?
- Y / N If recertification is required, has participant been notified?
- Y / N Is recipient’s name found on master list?
- Y / N If recipient is new to the program, is his / her name added to list?
- Y / N Is box code recorded on paperwork?

Staff & Volunteers

- Y / N Are monthly inventory reports being submitted in a timely manner, i.e. mailed before the 1st of every month?

NO to any questions requires explanation and/or corrective action plan:

For questions or concerns regarding CSFP inspections, contact Mary Sandavol at (602) 344-4126.

Staff & Volunteers

Y / N Are monthly inventory reports being submitted in a timely manner, i.e. mailed before the 5th of every month?

Summary of Findings

The distribution site is generally found to be:

- In compliance
- Out of compliance in the following areas: _____

Corrective Action Plan: _____

Questions / Comments from Site Representative Regarding TEFAP:

Monitor’s Comments Regarding TEFAP:

Agency Representative Signature	Agency Representative Printed Name	Date
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Monitor’s Signature	Monitor’s Printed Name	Date
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For questions or concerns regarding TEFAP inspections, contact Mary Sandoval at (623) 344-4126.