

## Donated Food Distributing Organization - Activity Notification

Name of Organization: _____		
Physical Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Name of Person in Charge: _____		Phone: _____
Email Address: _____		

**Circle the months or partial months you are open:**

Jan   Feb   Mar   April   May   June   July   Aug   Sept   Oct   Nov   Dec

**What days/hours are you preparing, serving or distributing food?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Please provide the following information about your food handling activities.**

### **Food Sources:**

Where does the food received by the organization come from? Check all that apply:

- ☐ Northwest Harvest donations.
- ☐ Second Harvest purchases.
- ☐ Purchases from wholesale or retail sources.
- ☐ Local grocery stores and retail outlets donations.
- ☐ Manufacturing or processing plant donations.
- ☐ Local farm donations.
- ☐ Other \_\_\_\_\_

### **Types of Food Distributed:**

#### **Non-Potentially Hazardous Foods**

- ☐ Canned goods and shelf stable foods
- ☐ Bulk foods which are repackaged  
(i.e., rice, dried pasta, dried beans)
- ☐ Breads and baked goods
- ☐ Whole unprocessed produce
- ☐ Other: \_\_\_\_\_

#### **Potentially Hazardous Foods**

- ☐ Dairy products
- ☐ Ready to eat meats
- ☐ Raw meats, fish, or poultry
- ☐ Wild game or un-inspected meats
- ☐ Frozen foods
- ☐ Other: \_\_\_\_\_

Do you handle unpackaged foods? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

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Do you prepare foods for service? ☐ Yes ☐ No If yes, when are foods prepared and served? \_\_\_\_\_

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Do you serve foods prepared at another location? ☐ Yes ☐ No If yes, where are these foods prepared? \_\_\_\_\_

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When are these foods served? \_\_\_\_\_

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### Physical Facilities:

Does your facility have sinks available for handwashing and cleaning of food contact surfaces and utensils?

☐ Yes ☐ No

If yes, what types of sinks are available?

☐ Handwashing sink

☐ Three-compartment sink

☐ Two-compartment sink

If no, how will you accommodate handwashing and cleaning of surfaces and utensils?

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Does your facility have a dishwasher? ☐ Yes ☐ No

If yes, does the dishwasher have a sanitizing cycle that provides water at 155° F or hotter?

☐ yes ☐ no

Does your facility have refrigerators and freezers available for storage of potentially hazardous foods?

☐ Yes ☐ No

Number of refrigerators: \_\_\_\_\_ Number of freezers: \_\_\_\_\_

Does your facility have a stove, oven, or other equipment used for cooking, heating or hot-holding foods?

☐ Yes ☐ No If yes, please list \_\_\_\_\_

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Do you transport food? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

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By signing below, I hereby certify that the above information is accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

