



HOW TO PREPARE FOR A PARTNER REVIEW

This is your check-off sheet and work copy. Please do not send it back to us.

A. Locate and have available for the review your copies of the following:

1. Copies of cleaning schedule for one month
2. Copies of pest control log for one month
3. Copies of temperature logs for one month (Refrigerator, Freezers, and Dry Storage)

B. Check your storage areas to ensure that:

1. All areas are clean, well-organized and protected from theft, infestation and the weather.
2. All FBR food must be stored off the floor (minimum of six inches) and away from all walls.
3. The oldest items must be either stored In front of, on top of, or beside newer, like items, to ensure **FIRST IN FIRST OUT (FIFO)**.
4. All storage areas (dry, cooled or frozen) must have readily readable working thermometers at all times.
5. There must never be any cleaning equipment, toxic chemicals, paint, gasoline, mops, brooms, etc., near or next to food storage area at any time. Must be stored separately.
6. "No Charge Poster" must be on display in areas for clients to see.
7. "Partner Poster" must be on display in areas for clients to see.

CLIENT DEMOGRAPHICS

Client Ethnic Background (must equal 100%)

_____ % African American _____ % Asian
 _____ % Caucasian _____ % Hispanic
 _____ % Native American _____ % Other

Client Need (Average numbers served monthly)

_____ Number of children 0 – 18 years old _____ Number of seniors 60 or older

Food Pantries:

_____ # Households served monthly _____ # Individuals served monthly
 _____ # of Food boxes served monthly _____ Average size of family

What days & hours are you open to distribute food? _____

What outreach and networking efforts are made to make the public aware of your services? _____

On-site Feeding Program:

How many individuals do you serve at: Breakfast _____ Lunch _____ Snack _____ staff _____ or Capacity _____
 Total _____?

What days & hours are you open for on-site meals? _____