



Food Donation Tracking Form for Food Facility Operators

to help you keep track of your facility's food donations.								
Name of Facility or Event (Donor)								
Address								
Delivered	d By (Print Contact Name)	(Organization Na	me if differ	ent from Donor)		Date Delivered		
Date	Type of Food	Quantity/ Amounts	Units (lbs. Gal, Cans, etc.		Time temp was taken (if perishable)	RECEIVER Temperature at receipt (if perishable)	Time temp was taken (if perishable)	Accepted (Yes/No)

Date	Type of Food	Quantity/ Amounts	Units (Ibs. Gal, Cans, etc.	DONOR Temperature at Holding Time (if perishable)	Time temp was taken (if perishable)	RECEIVER Temperature at receipt (if perishable)	Time temp was taken (if perishable)	Accepted (Yes/No)

This portion is to be completed by Food Dona	tion Recipients:	
Name of Receiving Agency		
Received By (Print Name)	Date Received	
I acknowledge that the food item(s) listed about Hazardous Food).	ove meet the temperature holding requirements of Section	n 113871 of the California Retail Food Code (Potentially
Donor Signature:		Date:
Recipient Signature:		Date:

Please submit the completed form electronically by email to Los Angeles County Public Works, Email: FoodDROPLA@dpw.lacounty.gov. If email is not available, please Fax to (626) 979-5390 Attn: Food DROP.