

Date: _____

Donor Name: _____

Store Location: _____

Partner Agency Name: _____

Driver Name(s): _____



****If the product you are picking up temps out of range let the donor know it is not temping within range and leave it.**

Product Name	Storage / Description	Product Ref GPFB Use Only	Required Temps	Food Temp @ donor	Food Temp @ agency	Pounds (Quantity column when inputting in PWW)
Deli Items - BMFRP/DB	Refrigerated sandwich meats, salads, pizza, prepared foods	50001	33-41			
Meat Products - BMFRP/DB	Frozen protein products, meat, seafood	50002	Below 32			
Produce - BMFRP/DB	Refrigerated fresh lettuce, broccoli, carrots, etc.	50003	33-41			
Bakery Items - BPFRP/DB	Dry - Bread, buns, other items from bakery	50005	33-41			
Dairy Items - BPFRP/DB	Refrigerated milk, cheese, yogurt, etc.	50006	33-41			
Juice - BMFRP/DB	Refrigerated fruit beverages	50007	33-41			
Dry Grocery - BMFRP/DB	Grains - Cereals, pasta, rice	50008				
Frozen Grocery - BMFRP/DB	Frozen entrees, pizza, french fries, etc.	50010	Below 32			
Non-Food Items - BMFRP/DB	Toilet paper, paper towels, cleaning supplies, pet food, etc.	50011				
Health & Beauty - BMFRP/DB	Shampoo, personal care items	50012				
Household Items - BMFRP/DB	Furniture, etc.	50013				
Meat/Seafood/Eggs	Refrigerated protein products	50022	33-41			
Frozen Dairy Products	Ice cream, frozen yogurt	50500	Below 32			
Dry Grocery - Snacks, Bev.	Dry - Crackers, cookies, chips, water, juice, soda, desserts, spices, sauces	50518				
Dry Grocery - Assorted Grocery Items	Complete/boxed meals, soups, stews, baby food, formula, nutritional supplements	50528				
Produce - Dry Vegetables	Squash, pumpkin, onions, potatoes, etc.	52300				
Produce - Frozen Vegetables	Frozen vegetables	55310	Below 32			
Produce-Refrigerated Fruit	Grapes, berries, etc.	55320	33-41			
Produce-Dry Storage Fruit	Bananas, melons, apples, etc.	55400				
Frozen Fruit	Frozen fruit	55510	Below 32			

Product has been inspected by agency for (please indicate with an "x"):

Temperature: ___ Insect Activity: ___ Rodent Activity: ___ Odors: ___

Cleanliness: ___ Contamination: ___ Damage: ___ Exposure: ___

Donor Signature (NOT required)

COMMENTS:
