

SB 1383 Donation Record – Simple Form

Reporting Year:

Use this form to maintain monthly records of type, frequency, and pounds of food donated to food recovery organizations/services or distributed to staff. Completing this form and showing it on request satisfies the Edible Food Recovery requirements under state law SB 1383.

1. Commercial Edible Food Generator (CEFG)

Enter information about the organization or business whose surplus edible food donations are logged on this form.

Organization or Business Name:	Address:	Store/Location # (if applicable):
Staff person(s) handling food donations: <i>(Please list name(s) and contact information.)</i>		

2. Food Recovery Organizations/Services (FROS)

Enter all organizations and services that have received surplus food donation from you anytime during the reporting year.

Name of FROS:	Address & Contact(s):	FROS Contacts(s): <i>Names/phone</i>	Types of food accepted:	Pickup frequency:	Written contract or agreement?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Donation Amounts (lbs.)

Enter the monthly amounts of surplus food donations made to the recipient organizations and/or services (FROS) listed in the table above.

FROS <i>(must be listed above)</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly totals (lbs.)												

Reporting year total (lbs.)	<input style="width: 95%; height: 20px;" type="text"/>
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Enter sum of monthly totals from table above.

4. Surplus Food Donations Not Accepted

During the reporting year, were any donations you offered not accepted? Yes No
 If yes, please complete the table below.

Approximate date	FROS to receive the donation	Type and estimated amount of food offered	Reason given for rejection	Location of documentation if requested

5. Surplus Edible Food Donations to Staff or Other Individuals

During the reporting year, did you donate surplus edible food to staff or other individuals? Yes No
 If yes, please complete the table below.

One-time or recurring donation?	Approximate date or frequency	Type of food	Estimated amount of food (optional)	Recipients (optional)

At the end of the reporting year, please keep this form in an accessible location. In case of an inspection by the Alameda County Environmental Health Department or a partnering enforcement agency, you may be asked to present this documentation.



If you would like assistance setting up a surplus food donation program, locating a food recovery partner, or have questions about this form, go to www.StopWaste.org/request-help or call 510-891-6575 to leave a message for a call back.