

Grocer Log Sheet

Facility Name: _____

Date: _____

Observers Name(s): _____

Time or Meal Service - E.g. 9:00 or Lunch	Time frame (hrs.) - 12 hrs. - 72 hrs. - May leave blank if 24 hrs.	Source Location (Department) - produce - bakery - dairy - deli - meat - seafood - cheese - prepared - other1-2	Disposal Method - donation - compost - rendering - animal feed - anaerobic digestion - landfill - other	Loss Reason - prep waste - expired - plate waste - surplus - contamination - return - other	Food Description - What is it? - E.g. Lettuce, vegetable mix, apples, turkey burgers, cheddar cheese, etc.	Empty Container Weight (lbs.) - Tare Weight of container	Total Weight (lbs.) - Weight of food and weighing container together	Notes - Any additional relevant information or observations - Item could be donated or composted - Item was not past the sell by date - Number of customers - Number of trays counted - Production information, e.g. Seafood is trimmed and packaged twice per week. - Etc.