Facility Name: Date: Observers Name(s):

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| **Time or Meal Service**- E.g. 9:00 or Lunch | **Time frame (hrs.)**- 12 hrs.- 72 hrs.- Leave blank if meal service or 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. |
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