Incident Report



Office of Child Nutrition

Division of Purchasing and Food Distribution

Office of Child Nutrition

**Scott Clements**

Director

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| --- | --- |
| Date of Occurrence: | School District: |
| Location of Incident: | Date MDE notified: |
| Specific Problem: |  |
| Name of Product: | Product Code #: |
| Date Product Received: | How much product involved: |
| How much product used: | How much product remains: |
| Lot #: | Can codes: |
| The lot # is a batch of numbers located on the case. It is not the Distributors pick ticket | |
| Is this a USDA/Commodity Item?  Yes  No | If so, what is the DO#: |
| Comments: |  |
| If possible, include photos (via email or regular mail) of the product and packaging (including lot and/or case codes) | |
| TERMS OF ACCEPTANCE and SIGNATURE I, the  undersigned, attest to the truthfulness of the information provided in this form.  School Food Authority or Executive Director  (mm/dd/yyyy) Date | Return completed form via email by clicking the **Submit Form** button below, or send the printed form to:  Bill Urban, Director Division of Purchasing  MS Department of Education Office of Child Nutrition  P. O. Box 771  Jackson, MS 39205-0771  **Submit Form** |

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