

Incident Report

Office of Child Nutrition
Division of Purchasing and Food Distribution

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.

Return completed form via email by clicking the **Submit Form** button below, or send the printed form to:

School Food Authority or Executive Director

Bill Urban, Director
Division of Purchasing
MS Department of Education
Office of Child Nutrition
P. O. Box 771
Jackson, MS 39205-0771

_____ (mm/dd/yyyy)
Date