

Incident Report

Office of Child Nutrition
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 printed on the case. It will not be a label.

Is this a USDA Donated Foods Item? ____ Yes ____ No If so, what is the SO # _____

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.

Signature

Date (mm/dd/yy)

Return completed form via email to
swpp@mdek12.org or send the printed form to:

Steven Webb, Director of Purchasing and Food
Distribution.

MS Department of Education
Office of Child Nutrition
P.O. Box 771
Jackson, MS 39205-0771

This institution is an equal opportunity provider.

500 Greymont Avenue, Suite F
P.O. Box 771
Jackson, MS 39205-0771

Phone (601) 576-5000
Fax (601) 354-7595

mdek12.org