

Edible Food Recovery Annual Reporting Form- Food Generators

Complete each section below and return to the City of Solana Beach. Annual deadline for reporting is no later than **July 1st**. Information to be sent to ngrucky@cosb.org. Please reference 14 CCR Section 18991.4 for record keeping requirements.

Business Name: _____

Food Donation

	Entity	Entity	Entity
Contracted Food Recovery Entity (Name, Address, Contact)			
Method of Donation (Check Applicable)	<input type="checkbox"/> Collected <input type="checkbox"/> Self-Hauled <input type="checkbox"/> Back-Hauled	<input type="checkbox"/> Collected <input type="checkbox"/> Self-Hauled <input type="checkbox"/> Back-Hauled	<input type="checkbox"/> Collected <input type="checkbox"/> Self-Hauled <input type="checkbox"/> Back-Hauled
Frequency of Donated Food (e.g. Daily, Times Per Week)			
Types of Food Donated (Check All Applicable)	<input type="checkbox"/> Non-perishable (Shelf stable packaged foods) <input type="checkbox"/> Perishable (e.g. fresh produce, dairy, meat, etc.) <input type="checkbox"/> Prepared (Hot, cold, or frozen prepared food) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-perishable (Shelf stable packaged foods) <input type="checkbox"/> Perishable (e.g. fresh produce, dairy, meat, etc.) <input type="checkbox"/> Prepared (Hot, cold, or frozen prepared food) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-perishable (Shelf stable packaged foods) <input type="checkbox"/> Perishable (e.g. fresh produce, dairy, meat, etc.) <input type="checkbox"/> Prepared (Hot, cold, or frozen prepared food) <input type="checkbox"/> Other: _____

Quantity of Donated Food for the Previous Calendar Year (Pounds per month) - Optional

January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			



Agreements

Attach a copy of all contracts or written agreements with Food Recovery Organizations

Surplus Edible Food NOT Being Donated

Specify **quantities** and **types** of edible food not accepted by food recovery organizations or services for donation.

Notes

Specify food waste prevention practices used by your organization and provide any needed context to your donation numbers.

Person in Charge (Print Name): _____

Title: _____ Contact (Phone or Email): _____