



**Office of Community Services (OCS)  
 Department of Labor and Industrial Relations  
 State of Hawaii**

**TEFAP USDA ANNUAL COMMODITY SELF REVIEW FORM**

To be conducted by **September 30th**

**Agency Name:** \_\_\_\_\_ **Date of Review** \_\_\_\_\_

**Name of Person conducting Review:** \_\_\_\_\_

**Title of Person Conducting Review:** \_\_\_\_\_

TASK	YES	NO
1. Are all USDA commodity records complete, accurate, and maintained on file for three fiscal years?		
2. Are commodities stacked on pallets or shelves at least 6 inches away from the floor and the wall to allow for proper ventilation?		
3. Are storage areas clean and orderly?		
4. Are there safeguards against thefts in the storage areas?		
5. Are storage areas exterminated monthly? Please name the company that does the pest control. _____		
6. Are coolers and freezers checked daily to ensure they are operating properly?		
7. Are temperatures being take daily in the dry, refrigerated and freezer areas? Please provide temperatures of these areas on the day you conduct this review: Dry _____ Refrigerated _____ Freezer _____		
8. Are dry storage areas properly ventilated?		
9. Are commodities stored on shelves by date to ensure that commodities are handled on a first in first out basis?		
10. Does your agency know the procedures for condemning commodities and how to report those loses?		

Please explain to the Food and Nutrition Services Bureau what corrective action will be taken by your agency to correct any deficiencies that were found during this review and a date when these deficiencies will be corrected:

---



---



---



---



---

\_\_\_\_\_  
**SIGNATURE OF REVIEWER**

\_\_\_\_\_  
**DATE**