



# FOOD DONATION

## A G R E E M E N T F O R M



**COUNTY OF SAN MATEO**  
HEALTH SYSTEM

### DONOR AND RECIPIENT INFORMATION

Food DONOR Facility/Organization Name		Food RECIPIENT Facility/Organization Name	
DONOR Representative Name		RECIPIENT Representative Name	
Business Address		Business Address	
Phone	Email	Phone	Email

### DONATED FOOD PRODUCT INFORMATION

FOOD PRODUCT	PACKAGING	STORAGE CONDITIONS	CHECK ALL THAT APPLY	QUANTITY & FREQUENCY
Prepared Foods	Food-grade packaging	Chilled to 41F or below, or frozen at 0F or below	<input type="checkbox"/>	
Chilled Perishable Prepackages Foods	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Meat, poultry, fish (fresh)	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Meat, poultry, fish (frozen)	Original packaging OR food-grade packaging	Frozen at 0F or below	<input type="checkbox"/>	
Dairy Products	Original packaging OR food-grade packaging	Chilled to 41F or below	<input type="checkbox"/>	
Shelf stable foods	Original packaging		<input type="checkbox"/>	
Other			<input type="checkbox"/>	

### TRANSPORTATION

Describe how food will be transported. Include pickup frequencies and how food will be packaged for transport (e.g. in coolers, in refrigerated truck), and time and temperature tracking protocol. (See sample Food Donation Delivery Form included.)

TOPIC	FOOD DONOR ORGANIZATION	FOOD RECIPIENT ORGANIZATION
Food training and experience of food manager or person-in-charge (e.g. ServSafe training)		
Allergen and cross-contamination awareness and training		
Best time and methods for communicating		

USE THIS SPACE FOR ANY ADDITIONAL CONSIDERATIONS

*We agree to abide by the agreements we have made, provide appropriate management and supervision to ensure safe food handling and donation, and to promptly communicate unsatisfactory conditions. We agree to handle food in accordance with the California Retail Food Code, to ensure that every effort is taken to provide apparently wholesome food to those in need.*

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Signature of Food DONOR Representative

Date

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Printed Name of Food DONOR Representative

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Signature of Food RECIPIENT Representative

Date

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Printed Name of Food RECIPIENT Representative

**FOR MORE INFORMATION:**

San Mateo County Environmental Health Services  
 2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403  
 (650) 372-6200

Last updated: 2/14/2018, v1.0  
 Adapted from RecyclingWorks MA

