



FOOD DONATION DELIVERY FORM



COUNTY OF SAN MATEO
HEALTH SYSTEM

DONOR AND RECIPIENT INFORMATION

PERISHABLE FOOD ITEM(S)	QUANTITY (LBS)	DONOR TEMP AT HOLDING	TIME TAKEN	RECIPIENT TEMP AT RECEIPT	TIME TAKEN	ACCEPTED
						YES or NO
						YES or NO
						YES or NO

**Flip for additional rows

DONATED FROM:

Name of Facility or Event	Public Health Permit #
Address Delivered by (print name):	Phone #

TRANSPORTED BY (IF OTHER THAN DONOR OR RECIPIENT):

Name of Delivery Organization:	Public Health Permit # (if applicable)
Address Delivered by (print name):	Phone #

DONATED TO:

Name of Facility or Organization	Public Health Permit # (if applicable)
Address Received by (print name):	Phone #

I acknowledge that the food item(s) listed above meet the temperature holding requirements for potentially hazardous foods, as defined in Section 113871 of the California Retail Food Code.

Donor Signature	Date
Recipient Signature	Date



