



## Quality Control (and Other) Incident Report

Please provide the following information to your Nutrition Specialist (NS).

Name of School Site: \_\_\_\_\_ Location Code: \_\_\_\_\_

Region (Check One): \_\_\_ North \_\_\_ South \_\_\_ East \_\_\_ West Check One: \_\_\_ Prep \_\_\_ NNC

FSM Name: \_\_\_\_\_ FSM Manager Phone: \_\_\_\_\_ AFSS Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of Report *if different* from Incident Date: \_\_\_\_\_

Incident Type (Check One): \_\_\_ Suspected Food Illness \_\_\_ Served – Food Quality \_\_\_ Received – Food Quality

\_\_\_ Paper Goods/Supplies \_\_\_ Foreign Object in Food \_\_\_ Delivery \_\_\_ Allergic Reaction

\_\_\_ Other: \_\_\_\_\_

**Briefly Describe Incident (DO NOT LEAVE BLANK):**

**Attach photos of product with quality issues and labels on the case. COLLECT AND SAVE ANY REMAINING PRODUCT. DO NOT discard the item or box/container the product came in until you receive instructions from Food Services. Hold the product, label “Do Not Use”, date, and place in the proper storage area – freezer, refrigerator, or dry storage.**

Product/Situation Involved: \_\_\_\_\_ How many portions were served: \_\_\_\_\_

Number of students that ate the product: \_\_\_\_\_ If there are suspected Foodborne Illnesses, how many? \_\_\_\_\_

**Please contact your AFSS if there is a suspected Foodborne Illness.**

Enter Number/Amount of Damaged or Bad Product: \_\_\_ pound(s) \_\_\_ case(s) \_\_\_ package(s)

Brand of Product: \_\_\_\_\_ Production Date (usually stamped on the box): \_\_\_\_\_

CMS#: \_\_\_\_\_ Product Code: \_\_\_\_\_ Delivery Date: \_\_\_\_\_ Date Served on Menu: \_\_\_\_\_

Check Date Type Listed on Product and Write In: \_\_\_ Expiration \_\_\_ Best By \_\_\_ Use By DATE: \_\_\_\_\_

Request credit for damaged/defective/bad product. Whom did you request it from? \_\_\_\_\_

If requesting credit from the **Warehouse**, what is the 10-digit STO/Invoice # that starts with 5100? \_\_\_\_\_

If the incident involved student(s) being burned by food, please provide the age/name of student(s) and email temperature logs from the related meal and/or item.

Please scan and email this report (with pictures when possible) to the Nutrition Specialist for your Region.

Region North: Bobbie Diamond [bobbie.diamond@lausd.net](mailto:bobbie.diamond@lausd.net)

Region West: Ivy Marx, RD [ivy.marx@lausd.net](mailto:ivy.marx@lausd.net)

Region South: Kayley Drain, MPH, RD [kayley.drain@lausd.net](mailto:kayley.drain@lausd.net)

Region East: Kim Nguyen [duyen.nguyen@lausd.net](mailto:duyen.nguyen@lausd.net)