Incident Report

Office of Child Nutrition

Division of Purchasing and Food Distribution

Office of Child Nutrition

**Scott Clements**

Director

|  |  |
| --- | --- |
| Date of Occurrence:  | School District:  |
| Location of Incident:  | Date MDE notified:  |
| Specific Problem: |  |
| Name of Product:  | Product Code #:  |
| Date Product Received:  | How much product involved:  |
| How much product used:  | How much product remains:  |
| Lot #:  | Can codes:  |
| The lot # is a batch of numbers located on the case. It is not the Distributors pick ticket |
| Is this a USDA/Commodity Item?  Yes  No | If so, what is the DO#:  |
| Comments: |  |
| If possible, include photos (via email or regular mail) of the product and packaging (including lot and/or case codes) |
| TERMS OF ACCEPTANCE and SIGNATURE I, theundersigned, attest to the truthfulness of the information provided in this form.School Food Authority or Executive Director (mm/dd/yyyy) Date | Return completed form via email by clicking the **Submit Form** button below, or send the printed form to:Bill Urban, Director Division of PurchasingMS Department of Education Office of Child NutritionP. O. Box 771Jackson, MS 39205-0771**Submit Form** |

*Revised 07/31/2018*

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