

**QUALITY CONTROL INCIDENT REPORT: 2013-2015 School Years:**

In order to proceed with the Quality Control investigation, please provide the following information to your Nutrition Specialist (NS), and/or Staff Aide AND notify the vendor:

Date of Incident:

Date of Report:

Name of School or EEC:

**ESC:**

Location Code #:

Circle or Underline Type of Service: Prep or NNC

Food Service Manager:

FSM phone #: (      )

FSM email:

AFSS:

AFSS phone #: (      )

Briefly describe incident:

Product /situation involved:

Amount (# of pounds/cases/packages) of defective, damaged or bad product:

Brand of Product:

Stock # (4 digit order #):

Product Code #:

Delivery Date:

Service Date (date featured on menu):

Production Date of Product (usually stamped on box):

Expiration Date:

**Include any other numbers or information you can provide.**

**Please do not discard the item or box/container in which it came until you hear from Food Services.**

If product is defective, damaged or bad, have you requested credit?    ☐ YES    ☐ NO

If "YES", whom did you ask to credit you? Please send pictures whenever possible.

**If the incident involved student(s) being burned by food, please provide the age/name(s) of student(s) and email or fax (213-241-8464) temperature logs from the related meal and/or item. Please scan & email this report (w/pictures, when possible) to the Nutrition Specialist for your ESC area:**

**ESC South:** Margaret West, R.D. [margaret.west@lausd.net](mailto:margaret.west@lausd.net)

**ESC East:** Homa Hashemi, R.D. [homa.hashemi@lausd.net](mailto:homa.hashemi@lausd.net)

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