



# Food DROP Survey for Businesses that Donate

Los Angeles County Public Works

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Unincorporated Community Name: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

1. Are you part of a chain of restaurants?  Yes  No
  - a. If yes, specify corporate or trade name  
\_\_\_\_\_
  - b. If yes, # of outlets in Los Angeles County? \_\_\_\_\_
2. Are you a member of any business associations?  Yes (Name of Association: \_\_\_\_\_)  No
3. Please check all that apply to your business:
  - a. Business Type:
    - Bakery  Fast Food  Full Service Restaurant  Catering  Produce Mart  Market/Grocery
    - Food Distribution  Food Manufacturing  Venue  Other \_\_\_\_\_
  - b. Business Size: # of Employees: \_\_\_\_\_ Facility Size (sf): \_\_\_\_\_ # of Seats (for restaurant only): \_\_\_\_\_
  - c. Food Preparation:
    - Full Preparation Onsite  Pre-Package/Made to Order  Other \_\_\_\_\_
  - d. Type of Food Generally Disposed:
    - Uncooked/Expiring Fresh Items Dairy/Meat/Produce  Prepared Hot Items  Prepared Cold Items
    - Packaged/Canned Foods  Food Prep/Trim (inedible)  Other \_\_\_\_\_
  - e. Food Composition:
    - Variety (meat, seafood, dairy, produce, baked goods)  Specialty Food Items (Please list): \_\_\_\_\_
4. The following are questions regarding your food donation process:

Questions	Answers
a. When did you start donating?	_____ mm/yy
b. How did you first learn about food donation? (Check all that apply)	<input type="checkbox"/> Flyer, specify: _____ <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Non-profit, specify: _____ <input type="checkbox"/> LA County <input type="checkbox"/> Company Policy <input type="checkbox"/> Other, please explain: _____
c. Why did you start donating food at your business?	<input type="checkbox"/> Researched Food Donation Opportunities <input type="checkbox"/> Company Policy <input type="checkbox"/> Recruited by Non-profit, specify: _____ <input type="checkbox"/> Incentive, please explain: _____ <input type="checkbox"/> Other, please explain: _____
d. To whom do you donate?	Charity Name: _____ Other: _____
e. Does the non-profit provide you with a receipt for your donation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. What type(s) of food do you donate?	<input type="checkbox"/> Produce <input type="checkbox"/> Uncooked Meat <input type="checkbox"/> Breads, Baked Goods <input type="checkbox"/> Dairy Products <input type="checkbox"/> Dry Food <input type="checkbox"/> Canned Food <input type="checkbox"/> Prepare Hot Items <input type="checkbox"/> Prepare Cold Items <input type="checkbox"/> Other _____
g. What type of food, and approximately how much of that food, do you donate per week?	Type: _____, _____ (lbs/ boxes/ bags/pallets) (Circle One) Type: _____, _____ (lbs/ boxes/ bags/pallets) (Circle One) Type: _____, _____ (lbs/ boxes/ bags/pallets) (Circle One)
h. What method do you use to approximate the amount of food that is donated?	<input type="checkbox"/> Weigh on Scale <input type="checkbox"/> Count # of Containers <input type="checkbox"/> Guesstimate <input type="checkbox"/> Non-Profit Tells Them <input type="checkbox"/> Other: _____



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i. Can you please describe how the donated food is picked up?	<input type="checkbox"/> Non-Profit Picks Up Food on a Schedule <input type="checkbox"/> Non-Profit Picks Up Food On-Call <input type="checkbox"/> Employee Drops Off Food at Non-Profit <input type="checkbox"/> Other: _____
j. Which day(s) of the week is/are the pick-up(s) made?	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
k. What type(s) of container(s) do you use to store your donated food for pick-up?	<input type="checkbox"/> Plastic Container <input type="checkbox"/> Metal Tray <input type="checkbox"/> Steam Table Tray <input type="checkbox"/> Plastic Bag <input type="checkbox"/> Other, please specify: _____
l. Is training provided to your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. What type(s) of training is provided?	<input type="checkbox"/> On-the-Job <input type="checkbox"/> Tutorial (video, webinar, live demonstration, etc.) <input type="checkbox"/> Shift Meetings <input type="checkbox"/> Educational Materials, specify: _____ <input type="checkbox"/> Class <input type="checkbox"/> Other, specify: _____
n. Who provides the training and outreach material to staff? (Check all that apply)	<input type="checkbox"/> Manager <input type="checkbox"/> Staff <input type="checkbox"/> Governing Body Representative <input type="checkbox"/> Non-Profit <input type="checkbox"/> Consultant <input type="checkbox"/> Designated Staff <input type="checkbox"/> Other, please specify: _____
o. Type of personnel trained? (Check all that apply)	<input type="checkbox"/> Kitchen Staff <input type="checkbox"/> Host <input type="checkbox"/> Waiters <input type="checkbox"/> All Staff <input type="checkbox"/> Other, specify: _____
p. How often do you train your staff on food donation?	Every shift / Daily / Weekly / Monthly / Semi-annually / Annually (Circle one)
q. Do you advertise that you donate food?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do you advertise that you donate food? Check all that apply <input type="checkbox"/> Newsletter <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website <input type="checkbox"/> Staff Uniform <input type="checkbox"/> Public Event <input type="checkbox"/> Commercial <input type="checkbox"/> Poster <input type="checkbox"/> Wrapped Vehicle <input type="checkbox"/> Radio <input type="checkbox"/> Other, specify: _____
r. Are there any savings associated with donating your food?	<input type="checkbox"/> Yes \$ _____ Est. Savings <input type="checkbox"/> No
s. How do you ensure staff are using proper food donation processes?	<input type="checkbox"/> Re-train/Remind Staff Frequently <input type="checkbox"/> Management <input type="checkbox"/> Post Education Materials <input type="checkbox"/> Other: _____
t. Do you and your staff have a California Food Handler Card, Certified Food Protection Manager Certificate, or ServSafe Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
u. What other type of food can also be donated but is not currently included in your food donation?	<input type="checkbox"/> Produce <input type="checkbox"/> Uncooked Meat <input type="checkbox"/> Breads, Baked Goods <input type="checkbox"/> Dairy Products <input type="checkbox"/> Dry Food <input type="checkbox"/> Canned Food <input type="checkbox"/> Prepare Hot Items <input type="checkbox"/> Prepare Cold Items <input type="checkbox"/> Other _____
v. Would you be comfortable with us connecting you to non-profit agencies partnering in County's food donation program, Food DROP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. We would like to recognize your business (including logo and highlight) on County's Smart Business Recycling website for donating your excess food. Would you be interested in having us contact you regarding the recognition?  Yes  No

6. Do you experience any challenges with food donation?  Yes  No

If yes, why? (Check all that apply)

- It takes significant time away from daily operations
- I have to re-train staff
- It is difficult to find storage for the donated food
- The non-profit is not consistent with pick-up
- I do not always have food leftover to donate to the non-profit
- Other, please explain: \_\_\_\_\_

7. In your opinion, what are the advantages of donating food? \_\_\_\_\_

8. What feature(s) would you like to see in a food donation program? \_\_\_\_\_

9. Are there types of food you find challenging to donate that you would like to donate?

Yes, specify: \_\_\_\_\_  No  Maybe

Completed by (Please print): \_\_\_\_\_

Date: \_\_\_\_\_