



Food DROP Food Service Establishment Interest Survey

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 currently donating your surplus food? Yes (if yes, use survey for business that donate) No
2. Are you part of a chain? Yes No
 - a. If yes, please specify corporate or trade name: _____
 - b. If yes, # of outlets in Los Angeles County? _____
3. Are you a member of any business associations? Yes (Name of Association: _____) No
4. 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): _____
5. Does your business utilize any software program that helps manage inventories through efficient ordering?
 - Yes (Name of the Software: _____) No
6. Would you be interested in donating your excess food? Yes No (If no, please skip to question 10).
7. What type(s) of food would you like to donate?

 - a. How many pounds and/or pallets of each type of food do you have left over for donation? (Circle whether lbs or pallets)

Type of Food: _____, _____ lbs/pallets	Type of Food: _____, _____ lbs/pallets
Type of Food: _____, _____ lbs/pallets	Type of Food: _____, _____ lbs/pallets
Type of Food: _____, _____ lbs/pallets	Type of Food: _____, _____ lbs/pallets
 - b. If the food is perishable, do you have refrigerator and/or freezer space to store it for donation? Yes No
 - c. Would you be able to drop off the food at a non-profit? Yes No
 - If no, which day(s) of the week would be the best time to pick up the food for donation?
 - M Tu W Th F Sa Su
 - Which hours would work best for pick-up?
 - 6am-9am 9am-12pm 12pm-3pm 3pm-6pm 6pm-9pm Other: _____
 - d. Are you the best person to contact to discuss food donation? Yes
 - No (Name and position of the person to contact: _____ Phone Number: _____)
8. Would you be comfortable with us connecting you to non-profit agencies on your behalf? Yes No
9. Do you and your staff have a California Food Handler Card, Certified Food Protection Manager Certificate, or ServSafe Certificate?
 - Yes No
10. 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



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11. Why do you **not** want to participate in a food donation program? (skip this question if business answered "Yes" to question 6)

- Food donation is a liability. (inform business about Bill Emerson Good Samaritan Law)
- I have no storage available for excess food. (SCS provides recommendations)
- I tried donating food before but the non-profit agency never came to pick it up. (SCS provides recommendations)
- I do not have edible food leftover at the end of a workday.
- It adds more work. (share SB1383 requirements)
- Other, please explain: _____

The County may be able to help you donate your excess food through its food donation program called Food DROP. When can we follow up with you again? In one (1) month In three (3) months In six (6) months In twelve (12) months

12. Do you know any business in the area that is currently donating excess food or may be interested in food donation program? Please list: _____

13. Are you aware of SB 1383? Yes No

Completed by (Please print): _____ Date: _____

Recommendations (For SCS Use Only)	
For Business who is interested in food donation program (Please provide three non-profits from county list and why):	
<i>Name of Non-Profit Organization</i>	<i>Reason of Selection</i>
1.	<input type="checkbox"/> Nearby the Business <input type="checkbox"/> Provide Pick-up Service <input type="checkbox"/> Accept Prepared Food, Meat, Produce, or Other Special Items <input type="checkbox"/> Other _____
2.	<input type="checkbox"/> Nearby the Business <input type="checkbox"/> Provide Pick-up Service <input type="checkbox"/> Accept Prepared Food, Meat, Produce, or Other Special Items <input type="checkbox"/> Other _____
3.	<input type="checkbox"/> Nearby the Business <input type="checkbox"/> Provide Pick-up Service <input type="checkbox"/> Accept Prepared Food, Meat, Produce, or Other Special Items <input type="checkbox"/> Other _____
For Business who is NOT interested in donating (Please state why and recommend the next steps):	
<i>Reason of No Interest in Food Donation</i>	<i>Recommendation of the Next Step(s)</i>
1.	
2.	
3.	
4.	
5.	