

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**DEPARTMENT OF FOOD AND NUTRITION**  
**PRODUCT AND SERVICE QUALITY REPORT**

SCHOOL #/ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Distributor/Vendor Name: \_\_\_\_\_

Problem with (Check one):                      Product \_\_\_\_\_                      Service \_\_\_\_\_                      Both \_\_\_\_\_

Invoice Number: \_\_\_\_\_                      Invoice Date: \_\_\_\_\_  
(Attach copy of invoice)

Item #/ Name / Description: \_\_\_\_\_ Brand Name: \_\_\_\_\_

Product Code\*: \_\_\_\_\_ Lot No.\*\*: \_\_\_\_\_ Date Code\*\*: \_\_\_\_\_

\*Product Code is found on the product label.

\*\*Lot No. and Date Code are stamped on the outside of the box.

**SPECIFIC CONCERN (Check all that apply):**

<input type="checkbox"/> Brand not on approved list <input type="checkbox"/> Product quality is inferior <input type="checkbox"/> Product count is over <input type="checkbox"/> Product count is short <input type="checkbox"/> Case quantity delivered is short <input type="checkbox"/> Invoice price higher than authorized	<input type="checkbox"/> Product contaminated *** <input type="checkbox"/> Delivery condition poor or damaged <input type="checkbox"/> Delivery personnel unprofessional <input type="checkbox"/> Delivery consistently late <input type="checkbox"/> Credit not received or not timely <input type="checkbox"/> Other (explain): _____
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\*\*\*Keep products contaminated by foreign matter in the freezer at the school site; retain all original identifying carton and package labels and call the Department of Food and Nutrition immediately (786-275-0400) for further instructions.

**ACTION TAKEN BY SCHOOL SITE (Check all that apply):**

<input type="checkbox"/> Invoice adjusted to reflect bid price <input type="checkbox"/> Product refused/invoice adjusted	<input type="checkbox"/> Product returned for credit <input type="checkbox"/> Other (explain): _____
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**REMARKS:** For all items that are checked, provide an explanation of the complaint in the following space.  
**Please be specific.**

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\_\_\_\_\_  
**Food Service Manager Signature**

**DISTRICT FOOD SERVICE OFFICE COMMENTS:** (do not write below this line)

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