FOOD SAFETY: PERISHABLE FOOD TRANSPORTATION PROCEDURE
PARTNER AGENCY AGREEMENT

The purpose of this agreement is to establish the Central Texas Food Bank’s requirements for safe transportation of perishable product. Perishable foods are defined as any food that requires refrigeration or is frozen. The Perishable Food Transportation Procedure is designed to ensure safe and proper handling of food to conform to all state, local, and federal health and safety regulations.

Effective July 1, 2019: The Central Texas Food Bank will enforce the requirement that all Partner Agencies without refrigerated vehicles or coolers with ice/cold packs must utilize insulated freezer blankets for transporting perishable food to comply with safe food handling policies. The Food Bank will initially provide one (1) free freezer blanket to agencies without refrigerated vehicles or coolers with ice/cold packs on their first July order.

Partner Agency Requirements:

- All refrigerated food must be maintained at or below 40°F, and all frozen food at or below 0°F during transportation in order to prevent thawing and spoilage.
- Partner Agencies must have an adequate amount of insulated freezer blankets and/or other equipment to ensure safe transportation of perishable food (i.e.: coolers with ice packs).
- Partner Agencies that are not equipped with the appropriate amount of insulated freezer blankets at time of pickup may not leave with perishable product and will incur a $35.00 restocking fee.

This agreement and its terms and obligations shall be automatically renewed each year until termination by mutual consent of the parties or as otherwise provided in this agreement. If your agency hires a new executive director, a new agreement must be read, signed and submitted within the first 90 days of new leadership.

The Agency’s authorized representative’s (Executive Director) signature below confirms that the Agency is accepting and agrees to abide by all terms of this agreement. Failure to maintain terms of this agreement may result in partnership status being terminated.

__________________________________________________________________________________________
Agency Director Signature
__________________________________________________________________________________________
Agency Name & Number
__________________________________________________________________________________________
Agency Director Printed Name
__________________________________________________________________________________________
Date