

FOOD BANK



OF SIOUXLAND INC.

Agency Manual and Application

Food Bank of Siouxland, Inc.

1313 11th Street

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** Please Note: Only pages 6 through 12 need to be completed and returned to the Food Bank of Siouxland. The remaining pages, along with copies of pages 6 through 12 should be kept for your records.

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Introduction to Food Bank of Siouxland, Inc.

This manual is intended to inform you about the Food Bank of Siouxland and your rights and responsibilities should you become a member of our food bank.

The Food Bank of Siouxland is a nonprofit organization committed to soliciting food and distributing these donations to community charities with feeding programs for the needy. We are a year round, centralized, stable food source for Siouxland nonprofit organizations that have feeding programs on site or food pantries. With a staff of only seven employees, we distribute over one million pounds of food each year to nearly 150 charities in a 15 county area. Nonprofits of all types utilize the Food Bank of Siouxland – food pantries, homeless shelters, soup kitchens, residential facilities, senior centers, day care facilities, and many more. By utilizing the Food Bank, agencies can reduce their food costs and dedicate their funds to the programs which support the needy, the ill, the elderly, and children in our community.

The Food Bank of Siouxland is a Partner Distribution Organization of Feeding America, and affiliated with the Food Bank for the Heartland in Omaha. We receive food in a variety of ways, including from the Food Bank for the Heartland and other food banks, USDA commodities through the Iowa and Nebraska Departments of Human Services, and we solicit and receive food donations from local food manufacturers and retail stores. We also partner with various companies, organizations, and schools throughout the year for food drives.

You are invited to schedule a time to visit and tour the Food Bank prior to becoming a member. I look forward to working with you in your mission of feeding the hungry in Siouxland.

Sincerely,

Linda Scheid
Executive Director

Procedures for Applying and Maintaining Membership

It is the policy of the Food Bank of Siouland, Inc. that only nonprofit agencies designated as 501(c)3 charities (or a church that is equivalent to this) by the Internal Revenue Service, distributing to an underserved and needy population, are eligible for membership.

I. Applying for Membership:

A. Three forms must be completed before the Food Bank will consider any nonprofit agency for membership:

1. Agency Application (see pages 6-10)
2. Agency Agreement Form (see page 11)
3. Liability Release (see page 12)

B. In addition to the completion of these forms, the agency must provide a copy of their tax-exempt designation letter from the Internal Revenue Service.

C. When the above forms are completed and returned to the Food Bank, they will be reviewed by the Executive Director, and a determination letter will be sent.

II. Agency Monitoring and Re-certification Process:

Participating agencies in the Food Bank will be re-certified on an annual basis. This re-certification process entails the following:

1. Food Bank staff representatives will make on-site visits to participating agencies.
2. The agency's record keeping and food handling and general procedures will be reviewed.
3. Should deficiencies in the agency's operations arise, the Food Bank staff member may elect to deny the renewal of membership until the problem areas are resolved.

Application for Membership

1. Please complete ALL appropriate sections of this application. Incomplete applications will not be accepted.
2. The agency director must sign the enclosed Application, Agency Agreement Form, and Liability Release Form.
3. Please include with this application a copy of your I.R.S./U.S. Dept. of Treasury Letter of Determination, which states your 501(c)3 tax exempt status.
4. Churches must include either their 501(c)3 letter *or* a letter from a denominational headquarters stating that the church applying for membership is a church in good standing in that denomination.
** Independent (non-denominational) churches without a 501(c)3 letter are not eligible.
5. Please return pages 6 – 12 of the application and manual to the Food Bank of Siouxland. You will need to keep a copy of these pages for your records. The Food Bank of Siouxland will mail you a letter when a determination has been made.

Please note: Completion of this application does not guarantee membership. We reserve the right to refuse membership to programs not meeting our criteria.

FOOD BANK



OF SIOUXLAND INC.

1313 11th Street
P.O. Box 985
Sioux City, IA 51102
(712) 255-9741

AGENCY APPLICATION

Agency Name: _____

Address: _____

County: _____

Mailing Address (if different): _____

Parent Organization (if any): _____

IRS 501(c)3/EIN #: _____

Phone: _____

Fax: _____

Website: _____

E-mail: _____

Program staff: _____

(circle contact persons)

PART I: GENERAL QUESTIONS/OBSERVATIONS

1. How do the services you provide, or your intended use of food bank food, align with the mission of the Food Bank of Siouxland, which is to distribute food to food pantries and feeding programs for the needy?

2. What percentage of patrons you expect to serve do you anticipate will be below the poverty guidelines? *Please note that all agencies will be required to gather and report this data each quarter. (Please see Appendix Z on page 18 for guidelines)* _____%
3. Sources of food other than the Food Bank: _____
Food on hand (by observation) _____
3. Anticipated schedule for pick up or delivery of Food Bank items:
____ weekly ____ bi-monthly ____ monthly ____ occasional/seasonal
4. Do you currently have a key staff/volunteer certified in food safety? ____ Yes ____ No
If yes, please submit documentation with this application. If no, please know that you will need to complete this training within 30 days of your application's approval.

PART II: TYPE OF SERVICES PROVIDED

Fill out section A and/or B depending on type of service(s) you intend to provide. For more information on what types of agency your program falls under, please refer to **Appendix X on page 16 of this packet:**

SECTION A: *FOOD PANTRY, MOBILE PANTRY, BACKPACK PROGRAM*

1. Do you have regularly scheduled hours? _____
2. What are your funding sources for the program? _____
Do you request/require donations from the people you serve? Yes No
If yes, how is the amount determined? _____
3. Do you have any eligibility requirements? Yes No
If yes, please list: _____
Is this criteria posted? Yes No
4. Are people required to do community service or attend services (if a church) in exchange for food? No Yes Explain: _____
5. A. Do you require referrals? Yes No
If yes, from what agencies? _____
B. Do you require appointments? Yes No
6. Who can someone in need of assistance call for help? _____
At phone number (_____) _____ When? _____
7. Which items do (would) you distribute? (check all that apply):
____ dry goods (cans, boxes, bottles) ____ fresh fruits/vegetables
____ dairy products ____ frozen foods
8. How many individuals do you serve each month (average)? _____
Would you serve more if resources were available? Yes No
9. If already operating, what percent of your clients are “regulars” (receiving food more than four times per year)? _____
If a church, what percent of your clients are from your own congregation? _____
10. Is your service limited by any of the following?
____ storage space (dry/frozen) ____ availability of staff/volunteers to run pantry
____ funding ____ ability to get to food bank
11. Do you feel your program is meeting the demand in your area? Yes No
How do people find out about your program? _____
12. Do you deliver food? Yes No

SECTION B: ON-SITE FEEDING PROGRAM, SUPPLEMENTAL FEEDING PROGRAM

1. Describe program: _____
Who is your intended population? _____
2. Meals served: _____ breakfast _____ snack _____ lunch _____ dinner
Days operating: _____
3. What are your funding sources for this program? _____
Do you request/require a donation from the people you serve? ___ Yes ___ No
If yes, how is the amount determined? _____
4. Do you have a tuition/program fee? ___ Yes ___ No If yes, amount? _____
Do you exclude food costs from this fee? ___ Yes ___ No
5. Do you have any eligibility requirements? ___ Yes ___ No
If yes, please list: _____
Is this criteria posted? ___ Yes ___ No
6. How many are served at each meal (average)? _____
7. Are any of your meals catered? ___ Yes ___ No By whom? _____
Which meals? _____
8. Do you have a Health Certificate from the local Dept. of Public Health? ___ Yes ___ No
List license/inspection # _____
9. Are people required to do community service or attend services (if a church) in exchange for meal? ___ No ___ Yes, Explain: _____

PART III: STORAGE FACILITIES/KITCHEN AREA

1. Do you have: _____ freezers (size: _____ cubic ft.)
_____ refrigerator (size: _____ cubic ft.)
_____ dry storage area (describe): _____
2. Is food stored in a locked area/cabinet? ___ Yes ___ No
Is there limited access to the food storage area? ___ Yes ___ No
4. Is food stored at least six inches off the floor? ___ Yes ___ No
Any evidence of rodents/insects? ___ Yes ___ No
Do you contract with a professional exterminator? ___ Yes ___ No
Frequency? _____

**Note: Food Bank of Siouxland agencies must have professional extermination services a minimum of once a year.*

PART IV: RECORDS

The following records should be maintained by your agency, depending on the type of services provided. The Food Bank requires each agency to submit quarterly reports which can be found on the Agency section of our website. You will need to utilize sign-in sheets or another tracking system to keep track of the individuals served. Keeping the following information will help you complete the quarterly report form.

A. FOOD PANTRY:

1. ___ Record of persons receiving food to include:
 - dates
 - name(s)
 - number in household
 - whether individual/family falls below *poverty guidelines**
2. ___ File of Food Bank of Siouxland paperwork to include:
 - Agency Manual with copy of your Application, Liability Release, and Agency Agreement for future reference
 - quarterly reports
 - warehouse releases
 - invoices and statements
 - extermination records
 - current food safety training certificate(s)

B. ON-SITE FEEDING:

1. ___ Record of persons served meals/snacks to include:
 - dates
 - meal/snack served
 - number of persons served
 - whether individual/family falls below *poverty guidelines**
2. ___ File of Food Bank of Siouxland paperwork to include:
 - Agency Manual with copy of your Application, Liability Release, and Agency Agreement for future reference
 - quarterly reports
 - warehouse releases
 - invoices and statements
 - extermination records
 - current food safety training certificate(s)

A chart on Federal Poverty Guidelines can be found on **Appendix Z on page 18. Self reporting is allowed. Please use your best judgment regarding the validity of the client's answers. You **can not** ask for a person's social security numbers in order to verify information for eligibility!!*

Your agency's authorized representative's signatures below indicate authorization in the name of and on behalf of the applying agency, to execute and deliver on any and all written contracts to which your agency may be or become a party.

Authorized Agency Rep. PRINTED

X _____
Authorized Agency Rep. SIGNATURE

Date

Board/Chair Person PRINTED

X _____
Board/Chair Person SIGNATURE

Date

FOOD BANK OF SIOUXLAND STAFF USE ONLY:

Other Notes: _____

X _____
Food Bank of Siouxland Director's Signature noting acceptance of application

Date

FOOD BANK



OF SIOUXLAND INC.

Agency Agreement Form

Name of Agency (printed): _____

Agrees to and will comply with the following criteria of a recipient agency of the Food Bank of Siouxland, Inc.:

1. Must have a 501(c)3 tax exempt status with the Internal Revenue Service.
2. Must not sell, transfer, barter or offer for sale the items supplied by the Food Bank in exchange for money, property or services, or otherwise allow the items to reenter commercial channels.
3. Must be an agency that serves the needy, elderly, ill or infants (minor children).
4. Must be an established agency and registered and approved with the food bank.
5. Must serve food directly to clients in meal form or distribute products packaged for emergency situations.
6. Must complete a food safety training course and submit supporting documentation to the Food Bank.
7. Must submit quarterly reports to the Food Bank in a timely manner (sample form enclosed; **see Appendix Y on page 17**).
8. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used and/or redistributed.
9. May need to be licensed by the state and/or city as a food service establishment according to the service it provides.
10. Must provide transportation to pick up food at the food bank warehouse or agree to delivery costs of \$10.00 for deliveries 250 lbs. or less, or \$.04 per pound for deliveries over 250 lbs.
11. Must be agreeable to monitoring by the Food Bank of Siouxland representatives.
12. Must be agreeable to supporting the operation of the food bank with the suggested shared maintenance contribution of up to 18¢ (eighteen cents) per pound for food received. A summary record showing pounds of food received and shared contributions received or due will be sent at the first of each month.
13. Must maintain a file of all food bank receipts for one year.
14. Must not deny access to donated product on the basis of race, creed, national origin, religious affiliations, sex, sexual preference, age, handicap, or ability to speak English.

_____	X _____	_____
Authorized Agency Rep. PRINTED	Authorized Agency Rep. SIGNATURE	Date

_____	X _____	_____
Board/Chair Person PRINTED	Board/Chair Person SIGNATURE	Date



Liability Release Form

The undersigned authorized agent of _____
(Name of Agency)

hereby warrants that during active membership, he/she will receive assorted foods from the Food Bank of Siouxland. The said agent further warrants that the above-described food will be duly inspected upon receipt and found to be fit for human consumption.

It is further agreed between the Food Bank of Siouxland and _____ that:
(Name of Agency)

1. The food is accepted "as is."
2. Food Bank of Siouxland and the original donor expressly disclaim any warranties of merchantability or fitness for a particular use.
3. There have been no express warranties in relation to this gift of food.
4. Food Bank member agency will utilize employees or volunteers having sufficient training, experience and expertise in evaluation, handling, preparation, and feeding of donated items.
5. Said organization releases both the original donor and the Food Bank of Siouxland from any liability resulting from the conditions of the donated food and further agrees to indemnify and hold the Food Bank of Siouxland and the original donor free and harmless against any and all liabilities, damages, losses, claims, causes of action and suits of law or inequity or any obligation whatsoever arising out of or attributed to any action of said organization or any personnel employed by said organization in connection with its storage and use of the donated food. (Iowa Code Chapter 672.1, Subsection 3)
6. Said organization will not sell, barter or trade said food.

Authorized Agency Rep. PRINTED	X _____	Date
	Authorized Agency Rep. SIGNATURE	

Board/Chair Person. PRINTED	X _____	Date
	Board/Chair Person SIGNATURE	

Procedures for Using the Food Bank of Siouxland

Food Menu/Inventory List: The list of products available from the Food Bank is updated on our website, www.sioxlandfoodbank.org, on a daily basis.

Ordering: Agencies may order product as many times as they like. Orders must be placed 48 business hours in advance to allow us time to get it ready.

The following is an example of an item from the food list:

KEYREC	QTY	LIMIT	PRODUCT DESCRIPTION	PACKAGING	ST	WEIGHT	HANDL FEE
13507	_____	2	Cranberry Muffin Mix	6/9oz	D	15.00	2.40

KEYREC: This is the item number and the number to use as your reference number when ordering or should you have questions about a particular product.

QTY : This is the quantity of the item you wish to order. Fill this blank in accordingly.

LIMIT: This is a monthly limit set as a courtesy in order to make sure that all of our agencies have a fair chance in ordering this product. Please be fair as you are responsible for making sure you do not order more than your agency's limit.

PRODUCT DESCRIPTION: General overview of what the item is.

PACKAGING: This is the item's configuration within the box or case. This particular item has six boxes of muffin mix, each nine ounces. When you order one of these, you receive a box of six, each nine ounces.

ST: This is where the product is stored in our warehouse. The letters mean the following:
 D = dry C = canned/container R = refrigerated Z = frozen

WEIGHT: This is the weight of each case of product.

HANDL. FEE: This is the handling fee you will pay per case. In the above example, you would pay \$2.40 for one case of muffin mix with six boxes in the case. The handling fee covers some of our costs to warehouse, maintain and distribute the product. We refer to this fee as your "Shared Maintenance Fee."

Hours: The Food Bank strives to provide convenience and accessibility to our member agencies. Food Bank office hours are Monday through Friday from 8 AM - 4:30 PM. *Warehouse hours for order pick-up and off the shelf shopping are Monday through Friday from 9 AM – 4 PM.*

Pickup and Delivery:

Agencies may pick up their orders or we offer delivery throughout Siouxland. Out of town deliveries are made on designated Fridays (please see the calendar on the webpage for specific dates). The charge for delivery is \$10.00 for delivers of 250 lbs. or less, or \$.04 per pound for deliveries over 250 lbs. When you receive the product, you will be given a copy of the warehouse release. You will be asked to sign this to verify the product was received.

Payment: We would prefer you pay for your order when you receive your statement and invoice(s) by mail at the end of the month. You may pay by check (preferred) or cash, but the Food Bank does not offer change for cash payments. Payments are due within 30 days of receipt of statement.

Guidelines for Membership with the Food Bank of Siouxland

1. Agencies may not use food or non-food items (hand soap, toilet paper, cleaning supplies) provided by the Food Bank for use in agency upkeep or in support of the agency's food distribution program.
2. Agencies may not pull donated items from inventory for on-site consumption by agency volunteers or staff. Agencies may not “thank” volunteers with Food Bank product. Staff or volunteers must meet the same standards of need as all other persons coming to the agency for assistance. Those who qualify as in need must follow the same procedures in obtaining assistance.
3. Agencies may not use donated goods as refreshments for business meetings, trainings or funeral/church dinner when intent is not to feed the needy.
4. Persons within the agency may not consume or take home donated product. All efforts to become more familiar with it, advise clients as to its use, discover new ways it can be used, and/or test its fitness for consumption should be done on site in an area deemed fit for food preparation by a health department inspection.
5. Agencies may not sell, barter, or trade product received from the Food Bank. Product may not be used for fundraising either as prepared food (dinners or bake sales) or prizes.
Examples include, but are not limited to the following...
Selling: using flour from the Food Bank to make cookies to sell at a bake sale, or charging a fee or expecting a donation at a dinner
Bartering: requiring an individual to do community service in exchange for goods
Trading: requiring an individual to switch their excess of green beans for meat from your pantry
6. Agencies set their own client eligibility guidelines; however, criteria must be posted at your pantry/feeding site. All agencies must provide food for an underprivileged or underserved population including the ill, needy, or children.
7. Home based services (such as foster care homes or family based day care) are excluded from Food Bank membership.
8. Agencies which provide a comprehensive care service, with food being a part of that service, may charge a fee for their services, but the fee can not include the cost of food.
9. Agencies may not solicit donations from individuals seeking help. Agencies may accept contributions from clients, but the service cannot be denied because of inability to contribute. All contributions from clients must be truly voluntary and made anonymously.

10. Food Bank product must be available to all eligible, ill, needy, or infants without regard to race, sex, national origin, handicaps or religious preference. Food recipients may not be required to listen to preaching, profess a faith, attend church services or receive inequitable treatment on the basis of their faith.

11. Agencies must utilize a tracking system, such as a sign-in sheet, to obtain information about individuals served. This data will be used to complete and submit quarterly reports ([Appendix Z on page 16](#)) to the Food Bank of Siouland in a timely manner. While obtaining this information, agencies may not, however, ask individuals to provide social security numbers as proof of residency or members in household.

Termination of Membership

If you violate the above guidelines, you may receive a warning or have your agency membership terminated. The following are additional causes for termination of membership:

- Lack of activity
- Delinquent account
- Stealing from the Food Bank
- Demise of food service program
- Agency ceased to exist
- Status of 501(c)3 changes
- Incurable infestation problem
- Lack of cooperation with the Food Bank staff (site visits, reports, etc.)

APPENDIX X -- Description of a food bank and the types of agencies it serves:

<p>Food Bank</p>	<p>FOOD BANKS, as a general rule, provide a year-round source of food to nonprofit charities with feeding programs for the needy. The Food Bank of Siouxland has nearly 150 member agencies in 15 Siouxland counties.</p>
<p>Food Pantry</p>	<p>A PANTRY provides bags or boxes of food to people to consume off premises. Pantries are encouraged to provide a 5-day supply of food for an individual or family, scaling the distribution to the size of the household.</p>
<p>On-Site Feeding Program</p>	<p>An ON-SITE FEEDING PROGRAM provides meals to people in need for consumption at the site where the food is prepared. On-site meal programs include shelters or residential facilities, soup kitchens, homeless shelters which provide meals to individuals who are not residents of the facility, senior nutrition sites, and residential treatment centers.</p>
<p>Supplemental Feeding</p>	<p>A SUPPLEMENTAL FEEDING SITE is an agency that serves snacks on-site versus a meal.</p>
<p>Mobile Pantry Program</p>	<p>MOBILE PANTRY PROGRAMS were designed to send a truckload of food for those in underserved communities and hard to reach areas, to be consumed off premises. The Food Bank of Siouxland's <i>Mobile Pantry Program: Food for You</i> began in 2010.</p>
<p>BackPack Program</p>	<p>BACKPACK PROGRAMS are a type of take-home food program for children. The purpose of the program is to provide a weekly backpack of shelf-stable food to get students through the weekend when school meals are not available to provide nutrition. The sacks are handed out at week's end and contain products full of protein, fruits, calcium, vitamins and grains. The Food Bank of Siouxland's <i>BackPack Program: Food for Kids</i> currently serves six area schools.</p>

APPENDIX Z – Table of Federal Poverty Level Guidelines:

**Emergency Food Assistance Program
Income Guidelines**

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	370
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

For each additional household member add:

6,919	577	289	267	134
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COMMENT

This income guideline chart represent 185% of the federal poverty level

SAFE FOOD STORAGE

STORAGE:

- For Dry Storage, 40-70 degrees is optimal. High temperatures can cause the quality to decline more quickly. If your storeroom heats up in the summer, see if ventilation can be increased.
- For Refrigerators, 32 – 40 degrees
- For Freezers, 0 – 10 degrees
- Use metal shelves if possible.
- Keep food six inches away from walls, ceilings, and floors.
- Use the “FIRST IN, FIRST OUT” system.
- Protect area from insects and rodents.
- Clean spills immediately.

SHELF LIFE:

- *Most products* packed in glass or cans last for years if there is no damage to the packaging or no discoloration (through the glass) of the product. Vitamin content and texture decline over time.
- Packaged products such as cereal and crackers are good as long as they do not have bugs, become too stale to taste good, or the lining isn't ripped.
- Baby food must be disposed of if past the expiration date.
- Pickles lose their color if stored too long; discard if they look grayish or pale.

SAFETY:

- Never accept home canned goods.
- Never taste from suspicious looking cans.
- Store cleaning products separately from foods.
- Never accept, purchase, or hand out:
 - cans that swell, bulge, or leak
 - cans with dents on seams or rims
 - cans with rust that does not brush away
 - cans with severe dents anywhere
 - boxes that have no linings and are ripped
 - bags that are ripped

** When in doubt, throw it out!

DISPOSAL OF UNSAFE FOODS:

- Dispose so that they cannot be retrieved and eaten. It is best to open cans and empty, or put in locked trash container.

****UNSAFE FOOD CAN CAUSE SERIOUS ILLNESS OR DEATH****

SHELF LIFE REFERENCE GUIDE
Estimated Shelf Life

Product	Past Code Date	Discard If
Baby Food (Jars)	Use by date	Past code date, popped seal, cracks or leaks
Baby Juice	One year	Damaged or leaking
Bread/ Bakery Products	3 – 10 days	Visible mold
Cans/Bottles/Aseptic Containers	One to several years	Bulging, leaking, damaged seal, severe dents or popped
Cereal	6 months to 2 years	Stale or insects
Crackers	6 months to 2 years	Stale or insects
Dried Beans	Several years	Insects, mold, or stale
Freezer Products	3 months to several years	Off odor or taste
Infant Formula	Use by date	Past code date
Pasta	Several years	Insects, mold, or stale
Prepared Salads or Dip (Refrigerated)	Use by date	Past code date
Refrigerated Juices/Tea	1 to 4 weeks	Mold, off odor/taste, fermentation
Rice	Several years	Insects, mold, stale
Yogurt	1 to 3 weeks	Off odor/taste, mold

Proper Storage: The chart above is a quick reference for estimating the shelf life of Food Bank products after the stamped date. Products will last longer if properly stored. Keep frozen food at 0 degrees F, and refrigerated foods at 36-40 degrees F. Make sure these products are transported and put away within one hour after pick-up, especially during hot summer months. Dry products including cans and packaged goods will last longer if stored in a cool, dry place. These products do not usually grow bacteria unless packaged good become damaged or the seal of cans or bottles becomes damaged. Under ideal conditions many of these products will last several years.

CANNED FOOD, SHELF LIFE

One of the most frequently asked question about canned food is its shelf life and “use-by” dates. The codes that are stamped on canned food are manufacturers’ codes that usually designate the date the product was packaged. The codes vary from manufacturer to manufacturer and usually include coding for time and place of canning. Most manufacturers offer a toll-free number to call for questions about canned food expiration dates. For a sampling of how to read product codes, see below.

Remember, the code stamped on the can is when it was packaged. The general rule of thumb is that canned food has a shelf life of at least two years from the date of purchase. It is recommended that all canned food be stored in moderate temperatures (75 degrees F and below).

Many canned products now have a “for best quality use by” date stamped on the top or bottom of the can. “Expiration” dates are rarely found on canned food.

Canned food has a shelf life of at least two years from the date of processing. Canned food retains its safety and nutritional value well beyond two years, but it may have some variation in quality, such as change of color texture. Canning is a high-heat process that renders the food commercially sterile. Food safety is not an issue in products kept on the shelf or in the pantry for long periods of time. In fact, canned food has an almost indefinite shelf life at moderate temperatures (75 degrees F and below). Canned food as old as 100 years has been found in sunken ships and it is still microbiologically safe! We don’t recommend keeping canned food for 100 years, but if the can is intact, not dented or bulging, it is edible.

In a well-run supermarket, foods on the shelf will be rotated on a regular basis, so there is a continuous turnover. Each canned food manufacturer has a unique coding system. Some manufacturers list day, month, and year of production, while other companies reference only the year. These codes are usually imprinted on the top or bottom of the can. Other numbers may appear and reference the specific plant manufacturing or product information and are not useful to consumers. Below is a sampling of how some manufacturers code their products so consumers know when the product was packaged. If you have specific questions about a company’s product, contact a customer service representative at the phone number listed next to the company’s name.

Note: Sometimes, for month coding, a number is used, numbers 1 through 9 represent January through September, and letters O for October, N for November, and D for December. If letters are used, A represents January, B for February, and so on with L representing December.

Note: For year coding, sometimes 1=2001, 2=2002, 3=2003, etc. are used.

Bush Brothers & Company (865-509-2361)

Four digits

Position 1: Month

Position 2 and 3: Day

Position 4: Year

Example: 2061= February 6, 2001

Chiquita Processed Foods (800-872-1110)

Ten digits (only 6-8 pertain to consumers)

Position 6: Year (A=1999, B=2000, C=2001)

Position 7 and 8: Julian Date

Example: A195 (July 14, 1999 – July 14th is the 195th day of the year)

Del Monte Foods (800-543-3090)

First line, four digits

Position 1: Year

Position 2, 3, and 4: Julian Date

Example: 9045 (February 14, 1999)

Faribault Foods

Consumers can send inquiries and product coding numbers via an online contact form, and a company representative will help them understand the coding. www.faribaultfoods.com

Furman Foods (877-877-6032)

Second line, first four digits

Position 1: Year

Position 2, 3, and 4: Julian Date

Example:9045 (February 14, 1999)

Hirzel Canning (800-837-1631)

First line, four digits

Position 1: Year

Position 2, 3, and 4: Julian Date

Hormel Foods Corporation (800-523-4635)

Five digits on the top line

Position 1-4: Information about plant and manufacturing

Position 5: Year

Example:XXXX0 (2000)

Lakeside Foods (920-684-3356)

(February 5, 2000)

Second line, second through fifth digits

Position 2: Month (Jan=1, Sept=9, Oct=A, Nov=B, Dec=C)

Position 3 and 4: Date

Position 5: Year

Example: 4A198 (October 19, 1998)

Maple Lear Consumer Foods (800-268-3708)

Top of can, grouping of last four digits

Position 1: Year

Position 2, 3, and 4: Julian Date

Example: 9130 (May 9, 1999)

Mid Atlantic Foods (410-957-4100)

Second through fourth digits

Position 2: Month (letter)

Position 3: Date

Position 4: Year

Example: MDE0 (April 5, 2000)

Pillsbury/Green Giant and Progresso (800-998-9996)

Five digits

Position 1: Month (letter)

Position 2: Year

Position 3: Plant information

Position 4 and 5: Date

Example: G8A08 (July 8, 1998)

Seneca Foods (315-926-6710)

Two digits on the first line

Position 1: Month (letter)

Position 2: Year

Example: L1 (December 2001)

Stagg Chili (800-611-9778)

Second through sixth digits

Position 2 and 3: Month

Position 4 and 5: Day

Position 6: Year

Example: S02050

“Information provided by the Canned Food Alliance. For hundreds of nutritious, delicious, easy recipes that use canned food, visit www.mealtime.org.”