

Food DROP Food Service Establishment Interest Survey

County of Los Angeles Department of Public Works

* Required

1. Name of person completing survey *

Skip to question 2.

Business Information

2. Business Name *

3. Street Address *

4. Zip Code *

5. Unincorporated Community Name *

6. Name and Title of Contact Person

7. Phone Number

8. Email

9. If unable to complete survey, click "Survey Not Completed" below

Mark only one oval.

- ☐ Survey Not Completed *Skip to question 74.*
- ☐ Continue with survey

Basic Business Information (continued)

The following are basic survey questions for businesses that currently do and do not donate food. Answer these questions for all businesses.

10. Is the business part of a chain? *

Mark only one oval.

- ☐ Yes
- ☐ No

11. If yes, please specify corporate or trade name.

12. If yes, how many outlets in LA County?

13. Are you a member of any business associations? If yes, please list, otherwise type "no" or "unknown".

14. Business Type *

Check all that apply.

- ☐ Bakery - 311812
- ☐ Catering - 722320
- ☐ Convenience Store - 445120
- ☐ Dollar Store / General Merchandise - 452319
- ☐ Drugstore - 446110
- ☐ Fast Food - 722513
- ☐ Food Distribution - Prepared perishable foods - 311991
- ☐ Food Distribution - General Grocery Merchandise - 424410
- ☐ Food Distribution - Frozen Food - 424420
- ☐ Food Distribution - Dairy - 424430
- ☐ Food Distribution - Seafood - 424460
- ☐ Food manufacturing - varies (look-up NAICS)
- ☐ Food Supplements - 446191
- ☐ Food Truck / Food Cart - 722330
- ☐ Full service restaurant - 722511
- ☐ Gourmet / Specialty Foods - 445299
- ☐ Hotel - 721110
- ☐ Produce mart - 425230
- ☐ Superstore - 452311
- ☐ Venue - varies (look-up NAICS)
- ☐ Other:

15. Number of Employees

16. Facility Size (sq.ft.)

17. If business is a restaurant, # of seats.

18. Is food prepared on site or pre-packaged?

Mark only one oval.

- ☐ Full preparation onsite
- ☐ Pre-package/ made to order
- ☐ Both
- ☐ Other:

19. What type of food gets thrown away at this business?*Check all that apply.*

- ☐ Uncooked/ expiring fresh items (dairy/meat/produce)
- ☐ Prepared hot items
- ☐ Prepared cold items
- ☐ Packaged/ canned foods
- ☐ Food prep waste/ trim (inedible)
- ☐ Other:

20. Does this include variety or specialty food items?*Check all that apply.*

- ☐ Variety (meat, seafood, dairy, produce, baked goods)
- ☐ Specialty items (please list under "other")
- ☐ Other:

21. Does your company utilize any software program that helps reduce food waste through efficient ordering?*Mark only one oval.*

- ☐ Yes
- ☐ No

22. Have you heard about the newest California law that requires business to donate unused, edible food to local programs that safely redistribute it to local people in need? If not, stop and discuss State law SB 1383 now.*Mark only one oval.*

- ☐ Yes
- ☐ No

23. Are you currently donating food or interested in starting a food donation program?*Mark only one oval.*

- ☐ Already donate *Skip to question 24.*
- ☐ Yes, would like to start donating *Skip to question 48.*
- ☐ No, not interested in donating at this time *Skip to question 58.*

Business Already Donates Food

Complete this section if the business is already donating food.

24. When did the business start donating food?*Example: December 15, 2012***25. How did the business learn about food donation? (select other to provide details or other reasons)***Check all that apply.*

- ☐ Flyer
- ☐ Non-profit
- ☐ Company policy
- ☐ Word of mouth
- ☐ LA County
- ☐ Other:

26. Why did you start donating food at your business? (please explain details in other)*Check all that apply.*

- ☐ Researched food donation opportunities
- ☐ Recruited by non-profit
- ☐ Incentive
- ☐ Company policy
- ☐ Other:

27. To whom do you donate?

28. Does the non-profit provide you with a receipt for your donation?

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't know

29. What type(s) of food do you donate? (list food type and approximate amount in lbs, # of boxes, # of bags, # of pallets)

30. What method do you use to approximate the amount of food that is donated?

Check all that apply.

- ☐ Weigh on scale
☐ Count # of containers
☐ Guesstimate
☐ Non-profit provides information
☐ Other:

31. Please describe how the donated food is picked up.

Check all that apply.

- ☐ Non-profit picks up food on a schedule
☐ non-profit picks up food on-call
☐ Employee drops off food at non-profit
☐ Other:

32. Which day(s) of the week is/are the pick-up(s) made?

Check all that apply.

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

33. What type(s) of container(s) do you use to store your donated food for pick-up?

Check all that apply.

- ☐ Plastic container
☐ Metal tray
☐ Steam table tray
☐ Plastic bag
☐ Other:

34. Is training provided to your staff?*Mark only one oval.*

- ☐ Yes
☐ No
☐ Don't know

35. What type of training is provided?*Check all that apply.*

- ☐ On-the-job
☐ Tutorial (video, webinar, live demonstration, etc.)
☐ Shift meeting
☐ Educational materials
☐ Class
☐ None
☐ Other:

36. Who provides the training and outreach material to staff? (check all that apply)*Check all that apply.*

- ☐ Manager
☐ Staff
☐ Governing body representative
☐ Non-profit
☐ Consultant
☐ Designated staff
☐ Other:

37. Type of personnel trained?*Check all that apply.*

- ☐ Kitchen staff
☐ Host
☐ Waiters
☐ All staff
☐ N/A
☐ Other:

38. How often do you train your staff on food donation?*Check all that apply.*

- ☐ Every shift
☐ Daily
☐ Weekly
☐ Monthly
☐ Semi-annually
☐ Annually
☐ N/A
☐ Other:

39. Do you advertise that you donate?*Mark only one oval.*

- ☐ Yes
☐ No

40. If yes, how do you advertise that you donate (select all that apply or check N/A)

Check all that apply.

- ☐ Newsletter
- ☐ Newspaper ad
- ☐ Website
- ☐ Staff uniform
- ☐ Public event
- ☐ Commercial
- ☐ Poster
- ☐ Wrapped vehicle
- ☐ Radio
- ☐ N/A
- ☐ Other:

41. Are there any savings associated with donating your food? (if yes, type the estimated savings in "other:)

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Other:

42. How do you ensure that staff are using proper food donation processes?

Check all that apply.

- ☐ Retrain or remind staff frequently
- ☐ Management
- ☐ Post public education
- ☐ Other:

43. What other type of food can also be donated but is not currently included in your donation program?

Check all that apply.

- ☐ Produce
- ☐ Dairy products
- ☐ Uncooked meat
- ☐ Bread/baked goods
- ☐ Dry food
- ☐ Canned food
- ☐ Prepared hot items
- ☐ Prepared cold items
- ☐ Other:

44. Do you experience any challenges with food donation? If yes, check all that apply or select "no".

Check all that apply.

- ☐ No challenges
- ☐ 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:

45. In your opinion, what are the advantages of donating food?

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

47. Are there types of food you find challenging to donate that you would like to donate? (If yes, please explain in "other")

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

Skip to question 54.

Interested in Donating

Complete this section if the business is interested in setting up a food donation program.

48. What type of food would you like to donate. Please list all types of food and estimated lbs/pallets of food available. *

49. If the food is perishable, do you have a refrigerator and/or freezer space to store it for donation?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Other: _____

50. Would you be able to drop the food off at a non-profit?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Other: _____

51. If you need transportation for the donation, which day(s) of the week would be the best time to pick up food for donation?

Check all that apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

52. What hours are best for pick-up?*Check all that apply.*

- ☐ 6am-9am
☐ 9am-12pm
☐ 12pm-3pm
☐ 3pm-6pm
☐ 6pm-9pm
☐ Other:

53. Are you the best person to contact to discuss food donation? (if no, include best person and contact information in "other")*Mark only one oval.*

- ☐ Yes
☐ No
☐ Other:

*Skip to question 54.***ServSafe Certification****54. Do you and your staff have a California Food Handler Card, Certified Food Protection Manager Certificate or ServSafe Certificate?***Mark only one oval.*

- ☐ Yes
☐ Some
☐ No
☐ Unknown
☐ Other:

*Skip to question 55.***Refer and Recognize**

Use this section to obtain permission to refer or recognize the program

55. Would you be comfortable with us connecting you to non-profit agencies partnering in the County's food donation program Food Drop?*Mark only one oval.*

- ☐ Yes
☐ No

56. 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?*Mark only one oval.*

- ☐ Yes
☐ No
☐ Other:

57. Do you know any business in the area that is currently donating excess food or may be interested in a food donation program? (if yes, list in other)*Mark only one oval.*

- ☐ Yes
☐ No
☐ Maybe
☐ Other:

*Skip to question 60.***Not Interested in Donating**

Complete this section if the business is not interested in donating food

58. Why do you NOT want to participate in a food donation program?*Check all that apply.*

- ☐ Food donation is a liability (inform business of Good Samaritan Law)
- ☐ I have no storage available for excess food (provide recommendations)
- ☐ I tried donating food before but the non-profit agency never came to pick it up (provide recommendations)
- ☐ I do not have edible food leftover at the end of a workday
- ☐ It adds more work (share SB1383 requirement)
- ☐ Other:

59. 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?*Mark only one oval.*

- ☐ One (1) month
- ☐ Three (3) months
- ☐ Six (6) months
- ☐ Twelve (12) months
- ☐ Other:

*Skip to question 60.***Organics Recycling****60. Does your business recycle organics including food scraps and food-soiled paper?***Mark only one oval.*

- ☐ Yes *After the last question in this section, skip to question 48.*
- ☐ No

61. Are you aware there is a state law that requires businesses that produce a certain amount of waste to recycle their organic waste? Organic waste includes food scraps and food-soiled paper. If not, stop and discuss State law AB 1826.*Mark only one oval.*

- ☐ Yes
- ☐ No

62. Is your business interested in receiving assistance setting up an organics recycling program?*Mark only one oval.*

- ☐ Yes
- ☐ No *After the last question in this section, skip to question 48.*

63. Is your business interested in receiving organic recycling bins?*Mark only one oval.*

- ☐ Yes
- ☐ No *After the last question in this section, skip to question 48.*

64. If so, how many organics recycling bins are needed?**65. Bins delivered?***Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Other:

Recycling

66. Does your business have a recycling program in place for bottles, cans, cardboard, paper, etc.?

Mark only one oval.

- ☐ Yes After the last question in this section, skip to question 55.
- ☐ No

67. Is your business aware recycling (bottles, cans, cardboard, paper, etc.) is mandatory for businesses? If not, stop and discuss State law AB 341.

Mark only one oval.

- ☐ Yes
- ☐ No

68. Is your business interested in receiving assistance implementing a recycling program?

Mark only one oval.

- ☐ Yes
- ☐ No After the last question in this section, skip to question 55.

69. Is your business interested in receiving recycling bins?

Mark only one oval.

- ☐ Yes
- ☐ No After the last question in this section, skip to question 55.

70. If so, how many bins?

71. Bins delivered?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

Notes

72. Notes

73. Next Steps

Stop filling out this form.

Survey Not Complete

If the survey was not completed, please provide as much detail as possible related to the attempted site visit. Try to identify the correct contact person, contact information, and a time to return.

74. Details