LVL Special Project: Revised WAFL SG Tracking Log

PLEASE COMPLETE ALL INFORMATION IN THIS SECTION

Vendor TA ID (8-digit number) ☐☐☐☐☐☐☐☐	☐ Initial Visit ☐ Follow-up Visit	Date of visit: (mm/dd/yyyy) (Select or type a date)
Vendor Store Name	Vendor **or** Vendor Representative	
LVL Name	LVL Phone Number ex: (###) ###-####	LA # (3-digit number) ☐☐☐

Materials Left With Vendor	**Enter quantity below**
☐ Vendor Alert 2016-01	
☐ WIC Authorized Food List Shopping Guide, Effective March 28, 2016 (Check to enter amount)	☐☐
☐ Major Food Changes Flyer (Check to enter amount)	☐☐

Comments:
(Limit 250 characters)

Possible Program Violations

☐ Closed Store

☐ Store open and vendor/vendor representative states no longer accepting WIC Food Instruments (FIs)

Comments:
(Limit 250 characters)

Other

Comment:
(Limit 250 characters)

Incomplete Visit (Check and enter a comment where applicable)

☐ Vendor/vendor representative refused visit
Comment:
(Limit 250 characters)

☐ I felt threatened by vendor/vendor staff actions/demeanor
Comment:
(Limit 250 characters)

☐ The physical facility is unsafe
Comment:
(Limit 250 characters)

☐ Other reason(s)
Comment:
(Limit 250 characters)

Instructions for Submission of Completed New WAFL Project Tracking Log Forms

1) When you complete a site visit, use the following naming convention for naming the PDF document:

Document Abbreviation	Vendor TA ID	period	YYYY-MM-DD
WAFL	30812345	.	2016-01-24 (Date of visit)

The complete file name for the special project **example** is **WAFL30812345.2016-01-24**.

2) Send the completed electronic PDF document via email to LVLTAReports@cdph.ca.gov on a flow basis throughout the quarter.

3) Save a copy for your records.

SAMPLE for TRAINING