

# ● ● ○ | Alaska WIC Vendor Monitoring Report



\_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Store Name

Vendor No. \_\_\_\_\_ Date of review: \_\_\_\_\_

Store representatives present at review (names & titles) \_\_\_\_\_  
 \_\_\_\_\_

Section A. Facility Checklist			Comments
	Y	N	
1. Facility is clean & well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. Facility is adequate for the number of participants with access to store.	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. All food items are stored on shelves or tables; no food is stored on floor.	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Perishable items are stored under proper conditions & temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. "Alaska WIC Checks Accepted Here" poster is displayed.	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. WIC food items are identified with shelf labels.	<input type="checkbox"/>	<input type="checkbox"/>	.....

**Section B Food Item Checklist**

	Y	N	Comments
1. Store stocks a full line of grocery items including meat, dairy, produce (fresh, frozen, canned), & dry goods.	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. All food items are within sell-by dates; no expired foods found.	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Damaged, torn, or dented food containers are removed from inventory.	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Inventory is sufficient overall to meet participants' needs.	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Vendor has inadequate stock of one or more items to fill current orders. (List any items on order – ask to see orders.)	<input type="checkbox"/>	<input type="checkbox"/>	..... ..... .....
5. Items not on order but need to be ordered.	<input type="checkbox"/>	<input type="checkbox"/>	..... ..... .....

Other observations:

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**Section C. Manager Interview**

**What type of training on WIC rules and procedures do you provide to your staff, and how often?**

.....  
 .....

	Y	N	Comments
1. Do your cashiers use the WIC Food List to verify eligibility of food items at the register?	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. Do your cashiers compare the Participant's signature with the Signature on the WIC check?	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Do you post the quarterly WIC WIC Vendor Newsletter for your staff to read?	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. How do you make sure that you maintain adequate stocks of WIC food items for the number of participants who shop here?	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Do you provide any incentive items for WIC customers to increase WIC business?	<input type="checkbox"/>	<input type="checkbox"/>	.....

**Do you need any of the following supplies?**

- |   |   |
|---|---|
| <input type="checkbox"/> We Accept WIC Poster | <input type="checkbox"/> Complaint Form |
| <input type="checkbox"/> WIC Shelf Labels     | <input type="checkbox"/> Vendor Manual  |
| <input type="checkbox"/> WIC Food Lists       | <input type="checkbox"/> Other? _____   |

**Request to examine any undeposited WIC checks that are in the store.**

6. Were all of the checks accepted within the valid dates?  Y  N .....  
 7. Do any of the checks have missing participant signatures, purchase price, dates, corrected, or uncorrected errors?  Y  N  
*Describe any problems with checks.* .....

**8. Please record the following for three checks.**

Does the purchase price make sense with current shelf prices?

Check number: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Check number: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Check number: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

**Reviewer's Findings & Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Actions Required:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training was provided on the following topics:**

\_\_\_\_\_  
\_\_\_\_\_

**Vendor questions, recommendations, or training requests for the Alaska WIC office:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Manager Notice and Agreement:**

I have reviewed this report and agree to take any required corrective actions within 15 days.

Manager Name \_\_\_\_\_ Manager's Signature \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_