

Commercial Edible Food Generator Survey

The City of Lakewood Public Works Department has identified that your business meets the definition of a Commercial Edible Food Generator, or may be serviced by one. As of January 1, 2024, Tier 1 and Tier 2 Commercial Edible Food Generators must comply with edible food recovery requirements defined in SB 1383. Your response to this survey is critical to the City's SB 1383 Edible Food Recovery programming and planning efforts.

Please email the form to the Environmental Services Officer – Kaitlyn Allen – kallen@lakewoodcity.org.

We appreciate your prompt response in completing the survey and mailing it back. You may also complete the survey online at https://forms.gle/a9SovtHvY6we2udn9 or by scanning the QR code.



1. Business information:	
Business Name:	
EDCO Account #:	
Street Address:	
Mailing Address:	
2. Name, title, phone number and	email of the person completing the survey:
Contact Person:	
Title:	
Contact Phone:	
E-mail:	
3. If different, provide the best pe	rson to contact for further questions regarding food
donations/recovery and to sched	ule a site visit:
Contact Person:	Title:
Contact Phone:	E-mail:
	Survey continues

4. Edible Food Gen	erator Types:			
a. Tier One Comme	rcial Edible Food Ge	nerator Type: (Check	one)	
☐ Supermarket or Grocery Store ☐ Wholesale Food Vendor ☐ Food Distributor				
☐ **Food Service Pi	ovider** (Either you a	re the Food Service Pr	ovider, or you are a business	
in Lakewood receivir	ng services from a Foo	od Service Provider)		
Answer Questions 5	and 6			
b. Tier Two Comme	rcial Edible Food Ge	enerator Type: (Check	cone)	
☐ Restaurant	☐ Health Facility	☐ Local Educational	Agency Hotel	
☐ Large Event	☐ Large Venue	☐ State Agency	☐ Non-local Entity	
c. None				
☐ My business does	not meet any of the	Fier One or Tier Two C	ommercial Edible Food	
Generator definitions	s. (Please provide an e	explanation)		
16	ad Camilaa Buasidad			
_			and 6, then proceed to	
5. Provide the follow	ise, proceed to Ques	Stion 7.		
	_	e and corporate addres	g·	
u. 1 000 001 1100	nder 5 company name	and corporate address	J.	
b. Company name a	nd address in Lakewo	od where food services	s are being provided:	
c. Best local contact above:	(name, email, phone	number), if not already	provided in the questions	
	e, pre-packaged ma	<u>-</u>	de a full-service cafeteria, ling machine, in-house	

7. Does your business donate its excess edible food to a food recovery service or
organization? Check one response below and proceed to the appropriate question:
☐ Yes – Proceed to Question 9
□ No – Proceed to Question 8
8. What are the barriers or concerns you face in donating?
Skip to Question 10.
9. Pantry/non-profit partners:
a. What pantry/non-profit partners do you donate to? If multiple, list them:
b. Do you have written agreements with the pantry/non-profits you donate to?
Check one: ☐ Yes ☐ No
c. Do you maintain records of the foods donated?
Check one: ☐ Yes ☐ No
If not, does the pantry/nonprofit maintain records and provide them back to you? Check one: □ Yes □ No
d. Explain any barriers or concerns you have to donating the maximum amount of edible food
possible:

The City or its authorized contractor will be contacting your business to schedule a site visit. During this visit we will:

- Confirm your company's eligibility as a Tier 1 or Tier 2 Generator.
- Provide additional information on SB 1383 Edible Food Recovery requirements.
- Provide resources to assist your business with compliance.
- Ask additional questions about your edible food recovery program.

10. What are the best times and days you are available to meet with the City at your				
business?				
11. Please provide any additional information or comments, if applicable.				

This completes the survey.

Thank you for your participation.