

# PREAUTHORIZATION SITE VISIT REPORT

8+ Registers

<u>Store Name / Address / County / 4-Digit Store Number</u>	<u>Date of Visit</u>	<u>Time of Visit</u>  _____ a.m. _____ p.m.
---	----------------------	---

1. Does the vendor have invoices or other documentation for infant formula purchases? If yes, date of invoice: _____ Name of Supplier: _____	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO									
2. Does the store appear clean and sanitary? If no, state reasons.	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO									
3. Are prices clearly marked on WIC authorized food items, shelves, or coolers? If no, list items not priced.	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO									
4. Do WIC authorized food items appear to be fresh? If no, list outdated items. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Item(s)</u></th> <th style="text-align: left; width: 33%;"><u>Quantity</u></th> <th style="text-align: left; width: 33%;"><u>Date Expired</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO
<u>Item(s)</u>	<u>Quantity</u>	<u>Date Expired</u>											
_____	_____	_____											
_____	_____	_____											

5. What is the program that runs your cash register? <b>(New Vendor Only)</b>
6. Who do you call if you have a problem with the registers not working? <b>(New Vendor Only)</b> (List company name, name of contact, and phone number)

Additional Comments

---



---



---



---

**Your signature indicates that the WIC representative has reviewed and discussed this report with you, and the vendor understands the findings. The vendor may receive a letter from the Department of Health as a result of this report.**

Print Name of Vendor Representative		
Signature of Vendor Representative	Title	Date
Signature of WIC Representative	Title	Date

**Peanut Butter**  
6 jars (16 to 18 oz)

Brand: \_\_\_\_\_

Size: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Quantity: \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Dried/Canned Beans ~ Peas**  
(6) 16 oz pkgs dry or 384 ozs canned

Brand: \_\_\_\_\_

Size: \_\_\_\_\_

Price: \$ \_\_\_\_\_

# of bags/ozs: \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Juice**  
2 flavors, (6) 64 oz bottles or (6) 11.5 oz or 12 oz frozen (each flavor)

Brand: \_\_\_\_\_ Shelf Stable / Frozen / Refrigerated Carton

Flavor: \_\_\_\_\_ Quantity: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Brand: \_\_\_\_\_ Shelf Stable / Frozen / Refrigerated Carton

Flavor: \_\_\_\_\_ Quantity: \_\_\_\_\_ Price: \$ \_\_\_\_\_

2 Varieties      Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐      Y ☐ N ☐

**Cereal**  
3 types, 1 must be whole grain, 216 ozs total

Whole Grain Brand: \_\_\_\_\_ Price: \$ \_\_\_\_\_ # of Boxes: \_\_\_\_\_ Size: \_\_\_\_\_ oz Total Ounces: \_\_\_\_\_

Brand: \_\_\_\_\_ Price: \$ \_\_\_\_\_ # of Boxes: \_\_\_\_\_ Size: \_\_\_\_\_ oz Total Ounces: \_\_\_\_\_

Brand: \_\_\_\_\_ Price: \$ \_\_\_\_\_ # of Boxes: \_\_\_\_\_ Size: \_\_\_\_\_ oz Total Ounces: \_\_\_\_\_

Whole Grain Cereal      3 Varieties      Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐      Y ☐ N ☐      Y ☐ N ☐

**Whole Grains**  
1 type of food, 192 ozs total

Brand: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Bread / Brown Rice / Oatmeal / Corn Tortilla/ Whole Wheat (Tortilla or Pasta)

# of Containers \_\_\_\_\_ X # of Ozs: \_\_\_\_\_ Total Ozs: \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Fruits (2 varieties)**  
combination of 480 ozs canned, fresh, or frozen

Brand: _____	Brand: _____
Canned / Fresh / Frozen	Canned / Fresh / Frozen
Variety: _____	Variety: _____
# of Containers: _____	# of Containers: _____
X # of Ozs: _____	X # of Ozs: _____
Total Ozs: ____ Price: \$ _____	Total Ozs: ____ Price: \$ _____

2 Varieties      Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐      Y ☐ N ☐

**Eggs (store brand only)**  
6 dozen, Large, Grade A or AA, White only

Brand: \_\_\_\_\_

Price: \$ \_\_\_\_\_

# of dozens: \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Milk (store brand only)**  
12 gallons, 1%, ½%, or skim (fat-free)  
liquid in gallon containers only

Brand: \_\_\_\_\_

Type: 1% / ½% / skim

# of gallons: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Gerber or Earth's Best Infant Cereal**  
(6) 8 oz containers

Rice / Barley / Oatmeal / Multi-Grain / Whole Wheat

# of Boxes \_\_\_\_\_ Price: \$ \_\_\_\_\_

Min Stock      Prices  
Y ☐ N ☐      Y ☐ N ☐

**Required Formula Stocking Combinations**

*Total number of 13.0 oz containers of concentrate vs. total number of 12.4 or 12.5 or 12.9 oz containers of powder*

Acceptable Combinations

72 conc ~ 0 pwd	32 conc ~ 10 pwd
68 conc ~ 1 pwd	28 conc ~ 11 pwd
64 conc ~ 2 pwd	24 conc ~ 12 pwd
60 conc ~ 3 pwd	20 conc ~ 13 pwd
56 conc ~ 4 pwd	16 conc ~ 14 pwd
52 conc ~ 5 pwd	12 conc ~ 15 pwd
48 conc ~ 6 pwd	8 conc ~ 16 pwd
44 conc ~ 7 pwd	4 conc ~ 17 pwd
40 conc ~ 8 pwd	0 conc ~ 18 pwd
36 conc ~ 9 pwd	

Enfamil ProSobee Soy

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

Enfamil Infant / Enfamil Gentlease

# conc	Price	# pwd	Price
_____	\$ _____	_____	\$ _____

<u>Total conc</u>	<u>Total pwd</u>
_____	_____

Min StockPricesY ☐ N ☐Y ☐ N ☐**Infant Fruits ~ Infant Vegetables**

*Two varieties each, combined total of (384) oz*

Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Fruits

Type	Total #	Price
------	---------	-------

_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Gerber / Beech Nut / Tippy Toes / Earth's Best Infant Vegetables

Type	Total #	Price
------	---------	-------

_____	_____	_____
_____	_____	_____

2 Varieties Y ☐ N ☐Prices Y ☐ N ☐Min Stock Y ☐ N ☐**Vegetables (3 varieties)**

*combination of 480 ozs canned, fresh, or frozen*

Brand: \_\_\_\_\_

Canned / Fresh / Frozen

Variety: \_\_\_\_\_

# of Containers: \_\_\_\_\_

X # of Ozs: \_\_\_\_\_

Total Ozs: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Brand: \_\_\_\_\_

Canned / Fresh / Frozen

Variety: \_\_\_\_\_

# of Containers: \_\_\_\_\_

X # of Ozs: \_\_\_\_\_

Total Ozs: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Brand: \_\_\_\_\_

Canned / Fresh / Frozen

Variety: \_\_\_\_\_

# of Containers: \_\_\_\_\_

X # of Ozs: \_\_\_\_\_

Total Ozs: \_\_\_\_\_ Price: \$ \_\_\_\_\_

2 VarietiesY ☐ N ☐Min StockY ☐ N ☐PricesY ☐ N ☐**ADDITIONAL COUNTED ITEMS TO MEET MINIMUM STOCKING REQUIREMENTS**

Category: \_\_\_\_\_

Brand: \_\_\_\_\_

Type: \_\_\_\_\_

# of Containers: \_\_\_\_\_

# of Ounces: \_\_\_\_\_

Total Ounces: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Category: \_\_\_\_\_

Brand: \_\_\_\_\_

Type: \_\_\_\_\_

# of Containers: \_\_\_\_\_

# of Ounces: \_\_\_\_\_

Total Ounces: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Category: \_\_\_\_\_

Brand: \_\_\_\_\_

Type: \_\_\_\_\_

# of Containers: \_\_\_\_\_

# of Ounces: \_\_\_\_\_

Total Ounces: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Category: \_\_\_\_\_

Brand: \_\_\_\_\_

Type: \_\_\_\_\_

# of Containers: \_\_\_\_\_

# of Ounces: \_\_\_\_\_

Total Ounces: \_\_\_\_\_

Price: \$ \_\_\_\_\_