



**Department of Public Safety and Correctional Services
Meal Service Evaluation Form**

Facility/Unit

Meal: _____ Day: _____ Month: _____ Year: _____

To Be Completed By Ranking Senior Dietary Officer/Staff:

Menu Served	Temperature (°F)

Substitutions (if any)

_____ for _____
 _____ for _____
 _____ for _____

Signature of Ranking Dietary Officer/Staff

To Be Completed By Correctional Officer:

1. Was the meal on the menu the meal that was served? Yes No
2. Were the hot foods appropriately hot (140°F or above)? Yes No
3. Were the cold foods appropriately cold (40°F or below)? Yes No
4. Was the portion served equal to the portion on the menu? Yes No
5. Was the food placed neatly on the tray? Yes No
6. Did the meal look appetizing? Yes No
7. Was the meal palatable? Yes No
8. Your overall Impression of the meal/comments (Your own words).

Time Meal Began: _____ Time Meal Ended: _____ Total Meals Served: _____

Signature of Correctional Officer

Signature of Quarterly Reviewer