DEPARTMENT OF PUBLIC SERVICES and CORRECTIONAL SERVICES MEAL SERVICE EVALUATION

	FACILITY or UNIT		
Meal:	Day:	Month:	Year:
	To Be Completed By	y Ranking Senio	r Dietary Officer/Staff:
Menu Served Temperature (°F)			
Substitutions	(if any)		
Substitutions (if any) for			
for			
for for			
		for	
Signature of Ranking Dietary Officer/Staff			
To Be Compl	eted By Correctional Office	er:	
(1) Was the meal on the menu the meal that was served? Yes No			
(2) Was hot food appropriately hot (140°F or above)? Yes No			
 (3) Was cold food 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 me(7) Was the m	eal look appetizing?		Yes No Yes No
· · ·	*	omments (Your o	own words).
Time Meal Bo	egan: Time Meal	Ended:	Total Meals Served
Signature of Correctional Officer Signature of Quarterly Reviewer			
Distribution:	Original – Food Service Copy – Assistant Warden		