DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

MEAL VERIFICATION LOG

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FACILITY or Unit

MEAL_____ DATE_____

Summary of total trays sent:

Section	Regular Trays	Diet Trays	Total Trays	C.O. Signature	Time Delivered	Scheduled Time

Detail of medical diet trays sent:

Inmate's Name	Bed #	Diet Type	C.O. Signature	Time Delivered

(Rev. 9/12)