Department of Public Safety and Correctional Services
Meal Verification Log

_____
Facility Name

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:

Name	Bed #	Diet Type	C.O. Signature	Time Delivered