



**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**

**DIETARY DEPARTMENT  
FOOD SAMPLE FORM**

\_\_\_\_\_  
FACILITY or UNIT

In accordance with Food Samples, Chapter II of the Food Service Manual label, date, and store potentially hazardous foods for 72 hours.

**POTENTIALLY HAZARDOUS FOODS**

Date Served \_\_\_\_\_

Meal: \_\_\_\_\_

Meal: \_\_\_\_\_

Meal: \_\_\_\_\_




Person Taking Samples

Person Taking Samples

Person Taking Samples

\_\_\_\_\_  
Shift Supervisor

\_\_\_\_\_  
Shift Supervisor

\_\_\_\_\_  
Shift Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date