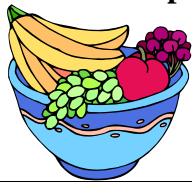
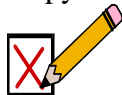


Nutrition Ink Consultant Report



Date _____
 Time in _____ Time out _____
 Site Manager
 Copy sent to Nutrition Ink



Site _____ Parent Facility RCOE
 Reviewer _____

S = Satisfactory NI = Needs Improvement NOB = Not Observed NSLP Site Monitoring*
 See CDE Site Monitoring Review form

| Meal Service (quarterly minimum) | | Comments |
|--------------------------------------|--|------------------------------|
| Portion Control | | |
| Recipes Followed | | |
| Menu Followed | | |
| Substitutes Documented / Appropriate | | |
| Adequate Food on Hand | | |
| Prepared to Conserve Nutrient Value | | |
| Taste and Appearance of Food | | |
| Equipment | | |
| Floors | | |
| Sack Lunches | | |
| Dishwashing Methods | | |
| Temperature of Freezer/Refrigerator | | |
| Temperature Logs | | |
| Food Covered, Labeled and Dated | | |
| Handling of Leftovers | | |
| Thawing Methods | | |
| Waste and Trash Removal | | |
| Pest Control | | |
| Food Handling | | |
| Thermometers Available & Calibrated | | |
| Cleaning supplies separate from food | | |
| Civil Rights Poster Posted | | |
| | | |
| | | |
| Policy & Procedure Manual | | Approval page signed yearly: |
| | | |

Inservice

Plan of Action:

* NSLP site monitoring done before February 1, of each year.