

Quarterly Menu Evaluations (5-ACI-5C-04M)

Facility: _____

Check the box below for the quarter evaluated.

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

ODOC Master Menu Reviewed: _____

I have conducted the quarterly master menu evaluations; to include verification of adherence to the established basic daily servings, and found the items:

Meet/exceed the requirements

Does not meet the requirements (If does not meet, explain): _____

Food Service Manager

Date

Copy: Original to file
Facility head
Regional Food Service Quality Assurance Coordinator