

**ORANGE COUNTY OFFICE FOR THE AGING
SENIOR DINING PROGRAM**

SITE MONITORING FORM

FULL
 PARTIAL
 DATE _____
 COPIED _____

SITE: _____ ADDRESS: _____

SITE MANAGER _____ COMPLETED BY _____

MEALS PREPARED:

Total _____	Vol. 60 + _____
Cong _____	Vol. 60 - _____
HDM _____	Staff 60+ _____
Guest _____	Staff 60 - _____

<u>NAME</u>	<u># MEALS</u>	<u>NAME</u>	<u># MEALS</u>	<u>NAME</u>	<u># MEALS</u>	<u>NAME</u>	<u># MEALS</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

HDM EVAL.: Y ___ N ___ ROUTE NAME: _____ DRIVER OBSERVED: _____

HDM DIET BREAKDOWN: R: _____ LS: _____ D: _____ DLS: _____
 Wh _____ Grd _____ Cut-up _____ Mech Soft _____

Contributions: Confidential: Y N Cong \$ _____
 Locked Box: Y N HDM \$ _____

1. KITCHEN PERSONNEL

a. Site manager	# _____	Hours _____ to _____
b. Cook	# _____	Hours _____ to _____
c. Assistant Cook	# _____	Hours _____ to _____
d. Food Service Workers	# _____	Hours _____ to _____
e. Chauffeur	# _____	Hours _____ to _____
f. Building Service Worker	# _____	Hours _____ to _____
g. Title V Workers	# _____	Hours _____ to _____
h. Volunteers	# _____	Hours _____ to _____

2. Required Postings

POSTED LOCATIONS
(Y, N)

a. Contribution Sign	_____	_____
b. Emergency Evacuation Plan	_____	_____
c. Emergency Exits	_____	_____
d. Equal Opportunity Employer	_____	_____
e. Food Service Permit	_____	_____
Expires _____	_____	_____
f. Hand Washing Signs	_____	_____
g. Menu	_____	_____
h. No Smoking Signs	_____	_____
i. Sexual Harassment Signs (1)	_____	_____
(2)	_____	_____
(3)	_____	_____

3. REST ROOMS

a.	Overall Cleanliness	Good _____	Average _____	Poor _____
b.	Availability of Supplies:			
		Yes	No	Yes No
	Paper Towels	_____	_____	Wastebasket (covered) _____
	Soap dispenser	_____	_____	Water, Cold _____
	Toilet Paper	_____	_____	Water, Hot _____

4. MENU COMPLIANCE (Include Hot and Cold Food Items Below)

Portion Size	Menu as Planned	Menu as Served	Food Temp		Comments
			Bulk	HDM	

5. <u>STORAGE AREA</u>	<u>LOCATION</u>	<u>GOOD</u>	<u>AVERAGE</u>	<u>POOR</u>
A. Canned Goods	_____	_____	_____	_____
B. Cleaning Supplies	_____	_____	_____	_____
C. Mops/Buckets	_____	_____	_____	_____
D. Other	_____	_____	_____	_____
E. Paper Supplies	_____	_____	_____	_____
F. Pers. Belongings	_____	_____	_____	_____

6. <u>WRITTEN REPORTS</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
A. Attendance Sheets	_____	_____	_____
B. Cook's Production Sheets	_____	_____	_____
C. Food Temperature Log	_____	_____	_____
D. Menu Changes	_____	_____	_____
E. Monthly Activity Calendar	_____	_____	_____
F. Perpetual Inventory	_____	_____	_____
G. Quarterly Inventory	_____	_____	_____
H. Time Sheets	_____	_____	_____

7. <u>HEALTH DEPARTMENT REGS/SAFETY</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
A. Dishwasher Wash Cycle 150	_____	_____	_____
Rinse Cycle 180	_____	_____	_____
B. Evid. Of Pers. Training	_____	_____	_____
C. Fire Drill (Min. 2x yr)	_____	_____	_____
1. Date last Completed	_____	_____	_____
2. Noted on Mo. Act. Log	_____	_____	_____
D. Fire Extinguishers:	_____	_____	_____
1. Service Date	_____	_____	_____
2. Expiration Date	_____	_____	_____

	YES	NO	COMMENTS
E. Food Contact Surfaces	_____	_____	_____
F. Garbage Removal	_____	_____	_____
1. Cans	_____	_____	_____
2. Dumpster	_____	_____	_____
3. Recycling	_____	_____	_____
4. Sanitized Weekly	_____	_____	_____
G. Personal Attire			
1. Dangling Jewelry	_____	_____	_____
2. Gloves	_____	_____	_____
3. Harinets/Hats	_____	_____	_____
4. Open Toes Shoes	_____	_____	_____
5. Nail Polish	_____	_____	_____
6. Smocks/Aprons	_____	_____	_____
H. Screens Adequate	_____	_____	_____

8. EQUIPMENT MAINTENANCE

ITEM	CLEANLINESS		
	Good	Avg	Poor
A. Buffalo Chopper	_____	_____	_____
B. Dishwasher	_____	_____	_____
C. Delivery Truck	_____	_____	_____
D. Exhaust Hood	_____	_____	_____
E. Food Processor	_____	_____	_____
F. Freezers			
1. Brand _____			
Temperature _____	_____	_____	_____
2. Brand _____			
Temperature _____	_____	_____	_____
3. Brand _____			
Temperature _____	_____	_____	_____
G. Mixer	_____	_____	_____
H. Ovens: Convection	_____	_____	_____
Conventional	_____	_____	_____
I. Range Top	_____	_____	_____
J. Refrigerators			
1. Brand _____			
Temperature _____	_____	_____	_____
2. Brand _____			
Temperature _____	_____	_____	_____
3. Brand _____			
Temperature _____	_____	_____	_____
4. Shelving	_____	_____	_____
K. Sinks			
1. Hand Washing	_____	_____	_____
2. Slop	_____	_____	_____
3. Two Compartment	_____	_____	_____
4. Three Compartment	_____	_____	_____
5. Vegetable Prep	_____	_____	_____
L. Slicer	_____	_____	_____
M. Work Surface			
1. Wood	_____	_____	_____
2. Stainless Steel	_____	_____	_____
3. Formica	_____	_____	_____
N. Storage Shelving	_____	_____	_____

9. PACKING PROCEDURE:

A. Hot food: _____

B. Cold food: _____

C. Packing Time HOT: _____ COLD: _____
D. Internal Food Carrier Temp HOT: _____ COLD: _____

10. ROUTE TIME: START: _____ LAST DELIVERY: _____ TOTAL: _____
(From site to last house)

11. ROUTE MILEAGE: START: _____ LAST DELIVERY: _____ TOTAL: _____
(To site or drop-off point)

12. ROUTE BOOKS USED: YES _____ NO _____

13. CONTRIBUTION ENVELOPES: DISTRIBUTED WEEKLY: Y _____ N _____ Day _____

14. PARTICIPANT/VOLUNTEER COMMENTS:

15. SITE PROGRAM Scheduled for today _____
Completed: Y _____ N _____ If No, why? _____

16. EVALUATION OF FOOD SERVICE SYSTEM:

A. Summary of Food Preparation and Quality: _____

B. Identify Problems: _____

