

### Pre-consumer Waste Log

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Observers Name(s): \_\_\_\_\_

<b>Meal Service / Time</b> - Breakfast - 2:00PM - B, L, D - L 11:30 (Lunch waste at 11:30)	<b>Timeframe (hrs.)</b> - 12 hrs - may leave blank if 24 hours	<b>Source Location</b> - kitchen - cafeteria - coffee bar - other2	<b>Disposal Method</b> - donation - animal feed - rendering - anaerobic digestion - compost - landfill - other	<b>Loss Reason</b> - prep waste - expired - surplus - quality - other	<b>Food Description</b> -What is it? -E.g. Lettuce, vegetable mix, apples, turkey burgers, cheddar cheese, etc.	<b>Empty Container Weight (lbs.)</b> - Tare Weight of container	<b>Total Weight (lbs.)</b> - Weight of food and container together	<b>Notes -Any additional information or observations</b> - If item could be donated or composted - Production information, e.g. cold prep is done twice per day, before 9am & before 3pm. - Soups are prepped for both patient meals and cafeteria - Etc.

**Post-consumer Waste Log & Customer / Patient Count**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_ Observers Name(s): \_\_\_\_\_

**Representative Sample - Measuring less than 100% of the trays / plates that were served**

	<b>Meal Service / Time</b> - Breakfast - 2:00PM - L 11:30 (Lunch waste at 11:30)	<b>Source Location</b> - cafeteria - patient - patient beverages - coffee bar - other1	<b>Disposal Method</b> - donation - animal feed - rendering - anaerobic digestion - compost - landfill - other	<b>Loss Reason</b> - plate waste	<b>Food Description</b> - What is it? - E.g. Lettuce, vegetable mix, apples, turkey burgers, cheddar cheese, etc.	<b>Empty Container Weight (lbs.)</b> - Tare Weight of container	<b>Total Weight (lbs.)</b> - Weight of food and container together	<b>Trays and Beverages Counted / Notes</b> - Note trays / plates counted for sample - 42 trays counted, 15 beverages included - 12 milk and 3 juices counted
1				plate waste				
2				plate waste				
3				plate waste				
4				plate waste				
5				plate waste				
6				plate waste				
7				plate waste				
8				plate waste				
9				plate waste				
10				plate waste				
11				plate waste				
12				plate waste				

**Total Meals Served - Assessment Day**

	<b>Patient:</b> _____	<b>Cafeteria:</b> _____	<b>Other1:</b> _____
Breakfast			
Lunch			
Dinner			
Other Meal (Optional)			