Facility Name: Date: Observers Name(s):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meal Service / Time**  - Breakfast  - 2:00PM  -B, L, D  - L 11:30 (Lunch waste at 11:30) | **Timeframe (hrs.)**  - 12 hrs  - may leave blank if 24 hours | **Source Location**  - kitchen  - cafeteria  - coffee bar  - other2 | **Disposal Method**  - donation  - animal feed  - rendering  - anaerobic digestion  - compost  - landfill  - other | **Loss Reason**  - prep waste  - expired  - surplus  - quality  - other | **Food Description**  -What is it?  -E.g. Lettuce, vegetable mix, apples, turkey burgers, cheddar cheese, etc. | **Empty Container Weight (lbs.)**  - Tare Weight of container | **Total Weight (lbs.)**  - Weight of food and container together | **Notes -Any additional information or observations**  - 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. |
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Facility Name: Date: Observers Name(s):

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

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|  | **Meal Service / Time**  - Breakfast  - 2:00PM  - L 11:30 (Lunch waste at 11:30) | **Source Location**  - cafeteria  - patient  - patient beverages  - coffee bar  - other1 | **Disposal Method**  - donation  - animal feed  - rendering  - anaerobic digestion  - compost  - landfill  - other | **Loss Reason**  - plate waste | **Food Description**  - What is it?  - E.g. Lettuce, vegetable mix, apples, turkey burgers, cheddar cheese, etc. | **Empty Container Weight (lbs.)**  - Tare Weight of container | **Total Weight (lbs.)**  - Weight of food and container together | **Trays and Beverages Counted / Notes**  **-** 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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cafeteria:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Other1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Dinner |  |  |  |
| Other Meal (Optional) |  |  |  |