Facility Name: Date: Observers Name(s):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |   |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Facility Name: Date: Observers Name(s):

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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) |  |  |  |