

## Food Service Audit

\*\*Completed by ONFS Regional during lunch meal service every other month.\*\*

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

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

Yes / No

1. Menu and portion sizes are followed?
2. Sanitizer in use and within correct range?
3. "Clicker" in use by staff during meal?
4. Meal samples complete and labeled?
5. Choice of milk offered? (1% Plain vs Fat-Free Chocolate)
6. Production records complete and up to date?
7. Refrigerator, freezer, and dry storage temperatures in limit?  
All units have thermometers?
8. Staff able to calibrate thermometer?  
Name: \_\_\_\_\_
9. Food Temperatures:  
Milk \_\_\_\_\_, Vegetable 1 \_\_\_\_\_, Vegetable 2 \_\_\_\_\_,  
Fruit \_\_\_\_\_, Entrée \_\_\_\_\_
10. Dish Machine Temperatures:  
Wash \_\_\_\_\_ Rinse \_\_\_\_\_
11. Afterschool Snack roster completed daily?
12. Cleaning Record completed daily, weekly, & monthly?
13. Health inspection posted in dining area?
14. ServSafe certificates (2) current & posted in dining area?
15. Equipment issues? (Work orders placed?) – Detail below

Comments:

Reviewer: \_\_\_\_\_

***Note: Provide copy to Facility Director and Food Service Director prior to leaving facility.***