



State of Ohio  
 Department of Rehabilitation and Correction  
**Daily Food Service Evaluation**

\_\_\_\_\_ Institution

Date: _____	Meal: _____
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Food Evaluation Score: 0  
**Poor**

Food Quality				Are portions sizes correct per the menu	Was there an unapproved menu substitution? No Sub = 5 Sub = 1 Y N
Overall Quality of the food	Overall Quality of the taste	Overall food temperatures of the meal			
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					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
Rate: 5 (Good/Yes), 3 (Fair), 1 (Poor/No)					

Food Items Sampled: Good (>20), Fair (<=20, >=14), Poor (<14)

If YES, for menu substitution or evaluation score is POOR, forward a copy of this form to the Regional Food Services Contract Monitor.

**Appearance & Basic Sanitation**

Sanitation Evaluation Score: 0  
**Poor** Good (>27), Fair (<=27, >=23), Poor (<23)

Clean = 3	Dirty = 1	Score		Score
Steam Tables			Bathrooms	
Trays			Prep Area/Kitchen	
F/S Line			Coolers/Freezers	
Tables			Dishroom	
Drains/Floors			Dock/Dumpster	

Were there any issues from other meals served on this day? Breakfast  Lunch  Dinner

**Comments:**

Overall Score: 0 **Poor** Good (>48), Fair (<=47, >=37), Poor (<37)

ADO Signature: _____	Title _____
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