

**MEAL EVALUATION**

TO: DEPUTY SUPERINTENDENT OF ADMINISTRATION

DATE: \_\_\_\_\_

**BREAKFAST**

TIME SERVED: \_\_\_\_\_

**APPEARANCE**                      GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**QUALITY** (Palatability, Texture)    GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**FLAVOR**                              GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

I, \_\_\_\_\_ have tested this meal and found it to be as indicated.

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**LUNCH**

TIME SERVED: \_\_\_\_\_

**APPEARANCE**                      GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**QUALITY** (Palatability, Texture)    GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**FLAVOR**                              GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

I, \_\_\_\_\_ have tested this meal and found it to be as indicated.

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**DINNER**

TIME SERVED: \_\_\_\_\_

**APPEARANCE**                      GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**QUALITY** (Palatability, Texture)    GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**FLAVOR**                              GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

I, \_\_\_\_\_ have tested this meal and found it to be as indicated.

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

TO BE COMPLETED BY SUPERVISOR AND SUBMITTED TO D.S.A. AT END OF EACH DAY