

## Food Service Management Company/Vendor Monitor Review

**The institution must review its food service management company/vendor operation in order to assess compliance with program requirements. Reviews are made at least once each year at each food service management company/vendor food preparation site.**

Name of Contracting Organization				Program (TX) No. <b>TX –</b>	
Date of Review	Time of Arrival AM      PM		Time of Departure AM      PM		Date of Last Review
Monitor's Name			Monitor's Title		
Food Service Management Company (FSMC) / Vendor Name			FSMC / Vendor Contact Person and Telephone No.		
Meal Preparation Site Name and Address				Hours of Operation From                      To	
Meal Service Purchased Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack    At Risk Afterschool Snack					
Person Interviewed at Site and Telephone No.			Title of Person Interviewed		

**The reviewer must visually confirm the existence of the items addressed in each of the following sections and indicate his or her responses.**

**1. Physical Plant:**

- |   |     |    |
|---|-----|----|
| A. Are the walls, floors, and ceilings in good repair and clean? .....                            | Yes | No |
| B. Is there sewage disposal and plumbing? .....   | Yes | No |
| C. Are there floor drains where needed? .....   | Yes | No |
| D. Is there good ventilation?.....  | Yes | No |
| E. Are there separate sinks for washing hands, fruits and vegetables, and cooking utensils? ..... | Yes | No |
| F. Are sanitary toilet facilities available? .....  | Yes | No |
| G. Are the food preparation and storage areas free from rodents and insects? .....                | Yes | No |
| H. Is there a separate storage area for cleaning materials and utensils?.....                     | Yes | No |
| I. Is there regular and adequate cleaning of the facility?.....                                   | Yes | No |

**2. Sanitation and Storage:**

- |   |     |    |
|---|-----|----|
| A. Is the FSMC/vendor using thermal transport units? .....  | Yes | No |
| B. Are meals transported in safe and sanitary containers/carriers? .....                                | Yes | No |
| C. Are foods maintained hot (140 or above) or cold (41 or below) prior to serving? (as appropriate)     |     |    |
| © When packaging for transport .....  | Yes | No |
| © Upon arrival at meal service destination.....   | Yes | No |
| D. Describe the dishwashing method: _____   |     |    |
| E. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? ..... | Yes | No |
- If not, explain:

- F. Are the trash cans lined and covered? ..... **Yes** **No**
- G. Is food kept at least 6 inches off the floor and away from the walls to permit air circulation? ..... **Yes** **No**
- H. Are foods used on a first-in, first-out basis? ..... **Yes** **No**
- I. Are there thermometers in the refrigerator and freezer? ..... **Yes** **No**
- If yes, record the temperatures:.....Refrigerator \_\_\_\_\_ Freezer \_\_\_\_\_
- J. Are chemical cleaners and pesticides kept away from food?..... **Yes** **No**
- K. Do food handlers wash hands before handling food? ..... **Yes** **No**
- L. If problems were noted during the last inspection, have they been corrected? ..... **Yes** **No**
- M. Is any food in rusted, dented, unlabeled, or bulged containers?..... **Yes** **No**
- N. Are separate refrigerators provided for dairy products and eggs; meat, poultry and fish; fruits and vegetables; and cooked foods? ..... **Yes** **No**
- O. Is there a thermometer in the dry storage areas? ..... **Yes** **No**
- P. Does the temperature in the dry storage remain in a range from 50°F to 70°F? ..... **Yes** **No**
- Q. Do food handlers wear hair nets and gloves, as appropriate, when handling/preparing food? .....  **Yes** **No**
- R. Have all health department inspection findings been corrected? ..... **Yes** **No**

**3. Meal Service:**

- A. Based on the FSMC/Vendor's records, was the meal provided the same as the posted menu for the corresponding day?... **Yes** **No**
- If not, were substitutions consistent with USDA requirements? ..... **Yes** **No**
- B. Was the CACFP contractor given the opportunity to give prior approval of substitutions? ..... **Yes** **No**
- C. Is milk delivered with unitized meals? ..... **Yes** **No**
- D. Does the serving method (bulk or portioned) ensure that the required portion is provided for each meal ordered?..... **Yes** **No**

**4. Record Keeping:**

- A. Are meal production records kept?..... **Yes** **No**
- B. Are meal production records prepared on a daily basis? ..... **Yes** **No**
- C. Do the meal production records agree with approved menus?..... **Yes** **No**
- D. Are processed foods CN labeled or have a manufacturer's product formulary? ..... **Yes** **No**
- E. Is required health department certification available for inspection? ..... **Yes** **No**
- F. Is an inventory being kept of food supplies? ..... **Yes** **No**
- G. Are site delivery receipts kept? ..... **Yes** **No**
- H. Are all food/supplies receipts and invoices kept on file?..... **Yes** **No**
- I. Does the FSMC/vendor's copies agree with your copies? ..... **Yes** **No**
- J. Are the delivery tickets signed by a representative of your contract organization? ..... **Yes** **No**
- K. Does it appear that the FSMC/vendor is complying with your organization's daily meal orders? ..... **Yes** **No**
- L. If a performance bond is required, has it been secured?..... **Yes** **No**
- M. If milk was included in the contract, has the FSMC/vendor purchased an adequate quantity for the number of meals prepared/delivered? ..... **Yes** **No**

**5. Findings and Recommendations:**

1. List problems identified:

2. Recommendation – Indicate corrective action needed (attach additional pages as needed):

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Authorized Representative of FSMC/Vendor	Monitor
Signed: _____ Date: _____	Signed: _____ Date: _____