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.

<table>
<thead>
<tr>
<th>Name of Contracting Organization</th>
<th>Program (TX) No.</th>
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<tbody>
<tr>
<td>Date of Review</td>
<td>Time of Arrival</td>
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<tr>
<td></td>
<td>AM</td>
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<tr>
<td></td>
<td>Time of Departure</td>
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<td></td>
<td>Date of Last Review</td>
</tr>
<tr>
<td>Monitor’s Name</td>
<td>Monitor’s Title</td>
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<tr>
<td>Food Service Management Company (FSMC) / Vendor Name</td>
<td>FSMC / Vendor Contact Person and Telephone No.</td>
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<tr>
<td>Meal Preparation Site Name and Address</td>
<td>Hours of Operation</td>
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<td></td>
<td>From</td>
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<tr>
<td>Meal Service Purchased</td>
<td></td>
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<tr>
<td>Breakfast</td>
<td>AM Snack</td>
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<tr>
<td>Person Interviewed at Site and Telephone No.</td>
<td>Title of Person Interviewed</td>
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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):

<table>
<thead>
<tr>
<th>Authorized Representative of FSMC/Vendor</th>
<th>Monitor</th>
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<tbody>
<tr>
<td>Signed: ______________________________</td>
<td>Date: ___</td>
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