

Review of School Food Service Individual School

ADMINISTRATIVE/CENTRAL OFFICE REVIEW REPORT ALL SCHOOLS

ATTACHMENT V: INDIVIDUAL SCHOOL REVIEW

School Name: _____	SFA/RA Name: _____
Agency No: _____	Date of Review: _____
School Address: _____	Phone No.: _____

Name and Title of Official (s) Interviewed: _____

Reviewer's Name: _____			
Breakfast Average Daily Participation: _____	Satellite: _____	YES	NO
Lunch Average Daily Participation: _____	No. of Meals: _____		

I. RECORDS

	YES	NO	N/A
1. Are complete and accurate records maintained for:			
a. Food received from warehouse	_____	_____	_____
b. Food transferred within district	_____	_____	_____
c. Food transferred out of district	_____	_____	_____
d. Food production records	_____	_____	_____
2. Is a physical inventory taken each month?	_____	_____	_____
If no, how often? _____			
3. Are records related to the commodities being retained for at least four years (3 years plus current year)?	_____	_____	_____
4. Is the "And Justice for All" poster prominently displayed?	_____	_____	_____
5. Does printed material distributed to the public include the non-discrimination statement?	_____	_____	_____

II. USAGE

1. Is food used only in the preparation of allowable meals?	_____	_____	_____
2. If no, has the full value of the food been recouped and placed in the school food service account?	_____	_____	_____
3. Does the school participate in the Seamless Summer Food Service Program (meal served in summer but claimed in NSLP)?	_____	_____	_____
4. Does the SFA participate in the regular Summer Food Service Program?	_____	_____	_____
5. a. Have there been any food losses in the past 12 months?	_____	_____	_____
b. If yes, were losses documented?	_____	_____	_____
c. If yes, were documents sent to Central Office monthly?	_____	_____	_____
6. Losses were due to:			
Age _____ Spoilage _____ Theft _____ Damage _____ Other: _____			
7. Does the manager know the proper procedure to follow when losses occur?	_____	_____	_____

III. STORAGE AREAS

YES NO N/A

- 1. Is storage space adequate for the program? _____
- 2. a. Is space in good condition? _____
- 3. a. Is there adequate ventilation in all areas? _____
b. If not, which area is inadequate? _____
- 4. Are all storage areas clean and orderly? _____
- 5. Is storage area safeguarded against theft? _____
- 6. Is food stored away from pesticides, cleaning solvents or other non-food contaminants? _____
- 7. Is food stored on shelving and/or pallets sufficient to allow for proper air circulation? _____
- 8. Is food stored in a manner that facilitates accuracy and ease of inventory? _____
- 9. If food has been removed from shipping containers, was identifying information transferred to each container? _____
- 10. a. Is first-in, first out practiced? _____
b. By what method? _____
- 11. Do all storage areas have an internal thermometer? _____
- 12. Do freezer/cooler units have an alarm system? _____
- 13. Are temperature logs available to show that inside freezer, refrigerator and dry storage temperatures are checked and recorded daily? _____
- 14. Record the temperature in each of the following:
Dry (70°+) _____
Special Dry (50°-70°) _____
Cooler (35°-41°) _____
Freezer (-10°-0°) _____
- 15. a. Is area free from signs of rodent or insect infestation? _____
b. Date of last service: _____
c. Name of pest control company: _____
d. Frequency of service: _____
- 16. Are at least two health inspections conducted annually? _____
- 17. a. Date of last health inspection: _____
b. Status: _____
c. If deficient, have they been corrected? _____
- 18. a. Are fire safety inspections performed at least annually? _____
b. Status: _____
- 19. a. Does there appear to be a sufficient supply of food without an over supply of any food? _____
b. List food(s) in over supply: _____
- 20. a. Do all foods appear to be in good condition? _____
b. If no, list food: _____
- 21. a. Do all products have pack dates (or received dates when pack dates are unavailable) that are no older than two years? _____
b. If no, list products: _____
- 22. Are separate inventories maintained (Food Service Management Companies Only)? _____

IV. PHYSICAL INVENTORY

Commodity Name	Pack Date	Pack Size	Cases /Units	Monthly Use Rate	Monthly Supply	Comments or Amount Out of Condition

