**Food & Nutrition Services: Daily Supervisor Rounds Checklist**

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| **Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Corrective Action** |
| Menu served as written |  |  |  |  |  |  |  |  |
| All foods labelled/dated |  |  |  |  |  |  |  |  |
| All cold foods properly stored in correct order per safe refrigerator storage |  |  |  |  |  |  |  |  |
| All foods thawing correctly |  |  |  |  |  |  |  |  |
| All food temperatures logged and in range |  |  |  |  |  |  |  |  |
| Cool-down logs completed (look for cooked meats, soups, gravies in refrigerator) |  |  |  |  |  |  |  |  |
| Dish machine temperatures recorded |  |  |  |  |  |  |  |  |
| Ice machine checked and logged |  |  |  |  |  |  |  |  |
| Sanitizer logs completed |  |  |  |  |  |  |  |  |
| Two-inch air gap under production sinks, ice machine, drains clean |  |  |  |  |  |  |  |  |
| Staff use/explain 3-compartment sink |  |  |  |  |  |  |  |  |
| No noted pest control issues |  |  |  |  |  |  |  |  |
| Staff washing hands, using gloves |  |  |  |  |  |  |  |  |
| No ill staff, no open wounds |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |

**INSTRUCTIONS:** Initial upon completion of tasks; submit completed forms to the administrator for review and the Quality Assurance Committee for tracking and performance improvement.