**Food & Nutrition: Meal Tray Accuracy - Quality Assurance Report**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:**  | **Meal****B=breakfast****L=lunch****D=Dinner** | **Correct Diet** | **All items served per menu** | **No missing items** | **Correct utensils** | **Attractive** | **Errors** |
| Sample #1 | Example:  |  | ✓ |  |  | ✓ | 2 |
| Sample #2 | Example: | ✓ |  |  |  |  | 1 |
| Sample #3 |  |  |  |  |  |  |  |
| Sample #4 |  |  |  |  |  |  |  |
| Sample #5 |  |  |  |  |  |  |  |
| Sample #6 |  |  |  |  |  |  |  |
| Sample #7 |  |  |  |  |  |  |  |
| Sample #8 |  |  |  |  |  |  |  |
| Sample #9 |  |  |  |  |  |  |  |
| Sample #10 |  |  |  |  |  |  |  |
| Trending | Current month | Prior Month | Past Prior Month |
|  | Ex: 3/60 | Ex: 5/60 | Ex: 4/60 |

Instructions: Place a check for any error for each requirement of the randomly reviewed meal and tray. Total the total omissions for all 10 reviewed and place total under the current month. Keep the prior months rates on the form back two months to review improvement trend. Complete the Meal Tray Accuracy report at a minimum once monthly per mealtime. Any negative trend or value above the threshold needs to have an action initiated to correct.

Threshold: less than 10% error rate

Root Cause Analysis/Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Action plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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