

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						Sponsor Number	
Date of Review		Time of Arrival		Time of Departure		Date of Last Review	
		AM PM		AM PM			
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? | Is | Yes | No |
| G. food kept at least 6 inches off the floor and away from the walls to permit air circulation? | Are | Yes | No |
| H. foods used on a first-in, first-out basis? | Are | 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? | | <input type="checkbox"/> 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 SNP 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. Financials

- A. Has an advisory board composed of parents, teachers, and students to assist in menu planning? **Yes** **No**
(Please provide a list of advisory board members and their identified roles on separate page)
- B. Are discounts, rebates, and credits for commercial food and supplies credited to nonprofit food service account? **Yes** **No**
- C. Are discounts, rebates and credits reported on invoices submitted for payment and NOT subtracted from the cost to be reported as a "net" cost? *(Please maintain rebate and credit documentation for review as requested)* **Yes** **No**
- D. When did the FSMC conduct the annual food inventory and has it been reviewed by the SFA?
(Please keep your annual food inventory reconciliation on file for review or audit)

6. USDA FOODS

- A. Did the SFA maintain full ownership and responsibility for all USDA Food transactions and decisions? **Yes** **No**
- B. Does the FSMC collaborate with the SFA regarding USDA Foods? **Yes** **No**
- C. Is reconciliation conducted at least annually and at contract termination to ensure FSMC has credited it for the full value of all USDA food received? **Yes** **No**
(Please provide a copy of reconciliation of year end monthly report.)
- D. Does the supply of USDA Foods exceed six months of inventory **Yes** **No**
(This includes all USDA Foods at the state assigned warehouse, processors and on hand at school sites)
(If yes, please provide your plan on reducing excess inventory that exceed six months)

6. Findings and Recommendations:

A. List problems identified:

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

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