

Facility Name: _____

Sundown Count: _____

Food Cost: _____

DAILY FOOD SERVICE PACKET

For _____
DATE

Instructions: Use this checklist to verify on a daily basis that the following documents have been properly filled out. Attach documents and file. Retain all documents for one year in active file and four years in inactive file.

_____ Sundown Count Sheet (Provided and signed by the Security Supervisor.) (Refer to SOP IIB01-0017)

_____ Kitchen Requisition (Encumbered - signed by receiving Supervisor)

_____ Kitchen Requisition (Posted - signed by Food Service Director)

_____ Daily Packout Sheet (Include Packout Request signed by requesting Supervisor)

_____ Food Service Meal Packout Request (Include Packout request signed by requesting Supervisor)

_____ Transaction History Report (Computer Printout)

_____ Cook's Worksheet (menu: completed)

_____ Diet Roster (SOP IVL01-0008 Attachment 2)

_____ Sanitation Reports

_____ Temperature Checks - (coolers, freezers – refer to SOP IVL01-009 (Attachment 2)
(food items – refer to SOP IVL01-0003 (Attachment 3))

_____ Child Nutrition Accountability Logs (If Applicable)

_____ Spot Check Inventory (Refer to Attachment 2 – IVL01-0014)

_____ Any other documents pertaining to daily activity

Signature: _____

Food Service Director

Date

RETENTION SCHEDULE: This checklist, upon completion, will be kept in a local filing area for five years, one year active and four years inactive, then destroyed.