IVL01-0008
Attachment 2
5/15/2007

GEORGIA DEPARTMENT OF CORRECTIONS
MASTER DIET ROSTER

NAME (LAST, FIRST)	DORM	DIET ORDERED	EXP. DATE	INITIAL WHEN MEAL RECEIVED			
				B	L	S	SN

SNACK:	Breakfast	Lunch	Supper	HS
Total diet trays prepared:				
Total diet trays served:				

DATE: _____ WEEK OF: _____ TO _____

PREPARED BY: _____

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