Quarterly Facility
Nutrition Program Compliance Review

Date: _____Name of Provider_____

Site name and location:_____

Site hours of operation:_____

Type of meal service: Self Prep_____Catered_____Vendor_____

Food Protection Manager_____Certification Exp. Date_____

Food Protection Manager on duty (Self prep only) Yes_____ No_____

A Hazard Analysis Critical Control Point Plan or comparable formal sanitation program is available and followed. (Self prep only) Yes____No_____

Food Service	**Yes**	**No**	**N/A**	**Required Action**
The menu is posted and dated.	☐	☐	☐	_____
The approved menu is followed.	☐	☐	☐	_____
Documentation of menus served is available for one federal fiscal year.	☐	☐	☐	_____
Nutrient analysis documentation and the nutrition provider or AAA's Licensed Dietitian and/or Licensed Registered Dietitian verify that each meal meets or exceeds all target nutrient requirements and the Dietary Guidelines for Americans.	☐	☐	☐	_____
Documentation, with an appropriate justification, is available indicating all menu substitutions have prior approval by the nutrition program's Licensed Dietitian and/or Licensed Registered Dietitian. (Vendor's Dietitian may not approve menu substitutions.)	☐	☐	☐	_____
Menu substitutions are minimal. Number of menu substitutions/month_____.	☐	☐	☐	_____
Menu substitutions are replaced with food from the same food group and are of equivalent nutritional value.	☐	☐	☐	_____
Special diets and other modifications offered are appropriate and approved by the nutrition program	☐	☐	☐	_____

Licensed Dietitian and/or Licensed Registered Dietitian.

Today's Meal	Portion size	Temperature	Required Action

Time food preparation completed: Self Prep_____Catered_____
Time food delivered to meal site_____(if applicable)
Time food service began_____

Personal Hygiene	Yes	No	N/A	Required Action
Employees and volunteers wear clean clothing and closed toe shoes.	☐	☐	☐	
Effective hair restraints are properly worn.	☐	☐	☐	
Fingernails are short, unpolished and clean (no artificial nails). Employees or volunteers with artificial nails must wear disposable gloves.	☐	☐	☐	
Staff are free of jewelry such as rings and bracelets.	☐	☐	☐	
Hands are washed properly, frequently and at appropriate times.	☐	☐	☐	
Disposable gloves are changed at any time hands would be washed.	☐	☐	☐	
Burns, wounds, sores, scabs or splints on hands are bandaged and completely covered with a foodservice glove while handling food.	☐	☐	☐	
Eating, drinking, chewing gum, smoking or using tobacco are allowed in designated areas away from the food preparation, service and storage areas.	☐	☐	☐	
Employees and volunteers appear in good health.	☐	☐	☐	

Food Preparation	Yes	No	N/A	Required Action
All food stored or prepared in facility is from approved sources.	☐	☐	☐	_____
Standardized recipes are available and followed for all menu items.	☐	☐	☐	_____
Food equipment utensils and food contact surfaces are properly washed, rinsed and sanitized before every use.	☐	☐	☐	_____
Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state or thawed in cold running water.	☐	☐	☐	_____
Thawed food is utilized, not refrozen.	☐	☐	☐	_____
Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.	☐	☐	☐	_____
Food is tasted using the proper procedure.	☐	☐	☐	_____
Procedures are in place to prevent cross-contamination.	☐	☐	☐	_____
Food is handled with suitable utensils, such as single-use gloves or tongs.	☐	☐	☐	_____
Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils or floor.	☐	☐	☐	_____
Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer.	☐	☐	☐	_____

Hot Holding	Yes	No	N/A	Required Action
Hot holding unit is clean.	☐	☐	☐	_____
Food is heated to the required safe internal temperature before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods.	☐	☐	☐	_____
Hot holding unit is pre-heated before hot food is placed in unit.	☐	☐	☐	_____

Temperature of hot food being held is at 140° F or above. (140 - 165° F is recommended to retain food quality)	☐	☐	☐	_____
Food is protected from contamination.	☐	☐	☐	_____
Refrigerators and Freezers				
Thermometers are available and accurate.	☐	☐	☐	_____
Refrigerator temperatures are documented and are maintained at 36 – 41° F.	☐	☐	☐	_____
Freezer temperatures are documented and are maintained at 0 ° F or below.	☐	☐	☐	_____
Refrigerator and freezer units are clean and neat.	☐	☐	☐	_____
All food is properly wrapped, labeled and dated.	☐	☐	☐	_____
The FIFO (First In, First Out) method of inventory management is used.	☐	☐	☐	_____
Food Storage and Dry Storage	**Yes**	**No**	**N/A**	**Required Action**
Temperatures of the dry storage area is between 50 and 70° F.	☐	☐	☐	_____
All food and paper supplies are stored six to eight inches off the floor.	☐	☐	☐	_____
Open bags of food are stored in containers with tight fitting lids and labeled with common name.	☐	☐	☐	_____
The FIFO (First in, First Out) method of inventory management is used.	☐	☐	☐	_____
Canned goods are free from bulging, leaks or dents.	☐	☐	☐	_____
Food is protected from contamination.	☐	☐	☐	_____
All food surface areas are clean.	☐	☐	☐	_____
Chemicals are clearly labeled and stored away from food and food related supplies.	☐	☐	☐	_____
Material Safety Data Sheets (MSDS) are available for all chemicals used by the nutrition program.	☐	☐	☐	_____

There is a regular cleaning schedule for all food surfaces.	☐	☐	☐	_____
Food is stored in original container or a food grade container.	☐	☐	☐	_____

Cleaning and Sanitizing	**Yes**	**No**	**N/A**	**Required Action**
Three-compartment sink is properly set up for ware washing.	☐	☐	☐	_____
Dish machine is working properly (ex. gauges and chemicals are at recommended levels).	☐	☐	☐	_____
Water temperatures are correct for wash and rinse. Wash temperature – 150 - 160° F Final rinse temperature – 165° F	☐	☐	☐	_____
If heat sanitizing, the utensils are allowed to remain immersed in 171° F water for 30 seconds.	☐	☐	☐	_____
If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.	☐	☐	☐	_____
Small ware and utensils are allowed to air dry.	☐	☐	☐	_____
Wiping cloths are stored in sanitizing solution while in use.	☐	☐	☐	_____

Utensils and Equipment	**Yes**	**No**	**N/A**	**Required Action**
All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	☐	☐	☐	_____
Utensils and tableware are stored handles up and held by the handles, edges or bottom.	☐	☐	☐	_____
Small equipment and utensils are washed, sanitized and air dried.	☐	☐	☐	_____
Work surfaces and utensils are clean.	☐	☐	☐	_____
Work surfaces are cleaned and sanitized between uses.	☐	☐	☐	_____
Thermometers are cleaned and sanitized after each use.	☐	☐	☐	_____

Thermometers are calibrated on a routine basis.	☐	☐	☐	_____
Can opener is clean.	☐	☐	☐	_____
Drawers and racks are clean.	☐	☐	☐	_____
Large Equipment	**Yes**	**No**	**N/A**	**Required Action**
Food slicer is clean.	☐	☐	☐	_____
Food slicer is broken down, cleaned and sanitized before and after every use.	☐	☐	☐	_____
Exhaust hood and filters are clean.	☐	☐	☐	_____
Food Transport Equipment	**Yes**	**No**	**N/A**	**Required Action**
Food transport equipment is in good condition and capable of maintaining hot food temperatures at 140° F or higher, cold food temperatures at 41° F or lower and frozen food at 0° F or lower.	☐	☐	☐	_____
Food transport equipment is clean and sanitized.	☐	☐	☐	_____
Garbage Storage and Disposal	**Yes**	**No**	**N/A**	**Required Action**
Kitchen garbage cans are clean and kept covered.	☐	☐	☐	_____
Garbage cans are emptied as necessary.	☐	☐	☐	_____
Boxes and containers are removed from site.	☐	☐	☐	_____
Loading dock and area around dumpster are clean.	☐	☐	☐	_____
Pest Control	**Yes**	**No**	**N/A**	**Required Action**
Outside doors have screens, are well sealed and are equipped with a self-closing device.	☐	☐	☐	_____
Project is free of pests.	☐	☐	☐	_____
There is a regular schedule of pest control by a licensed pest control operator.	☐	☐	☐	_____

Action taken to resolve problematic issue(s) found during review and date of correction:

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Facility Site Manager **Date**