

SENIOR NUTRITION SERVICES
HOME DELIVERED MEALS CHECKLIST

ROUTE: _____

DATE: _____

A. MEALS DELIVERED DIRECTLY FROM THE CENTRAL KITCHEN

Type of route: _____
 Time meals were packed at Central Kitchen: _____
 Type of tray used: _____ Type of carrier used: _____
 Time meals left Central Kitchen: _____ Last meal delivered: _____
 Number of Meals ordered: _____ Number of Meals delivered: _____

B. HOME DELIVERED MEALS SERVED OUT OF A CONGREGATE SITE

Site: _____
 Time meals were packed at site: _____
 Temperatures taken at site: _____ Hot: _____ Cold: _____
 Type of hot tray used: _____
 Type of cold containers used: _____ Milk: _____ Salad/Dessert: _____
 Number of Meals ordered: _____ Number of Meals delivered: _____

C. MEALS DELIVERED BY VOLUNTEER DRIVERS PICKING THE MEALS UP AT THE SITE

Site: _____
 Time meals were packed at Central Kitchen: _____
 Type of tray used: _____ Type of carrier used: _____
 Time meals left Central Kitchen: _____
 Number of Volunteer drivers: _____
 Time out: 1) _____ 2) _____ 3) _____ 4) _____
 Time returned: 1) _____ 2) _____ 3) _____ 4) _____
 Number of Meals ordered: _____ Number of Meals delivered: _____

YES NO

- | | | |
|---|--|--|
| _____

_____ | _____

_____ | 1. Hot food <u>left</u> kitchen at a minimum of 180' F.
Actual temperature_____. Time_____ |
| | | 2. Cold food left kitchen at 35' – 40' F or lower in separate containers from hot food.
Actual temperature_____. |
| | | 3. Hot Food delivered at a minimum of 140' F.
Actual temperature_____. Time_____ (Last House) |
| | | 4. Cold food delivered at 40' F or below.
Actual temperature_____. |
| | | 5. During delivery was insulated container opened only when necessary to remove
Individual meal? |
| | | 6. Participant encouraged to eat meal immediately after delivery. |
| | | 7. Transport carriers clean. |
| | | 8. Delivery vehicle kept clean and neat. |
| | | 9. Pets not allowed in delivery vehicle. |
| | | 10. No smoking in delivery vehicle. |
| | | 11. Delivery instructions, location, type of tray, handling donations, emergency procedures,
client not home procedures, sanitation techniques – are all clear??? |

Comments/Recommendations: _____

Reviewer: _____

Date: _____

Reviewed by Dietitian: _____

Date: _____