

Daily Work Production Schedule (4-4315)

Date: \_\_\_ / \_\_\_ / \_\_\_ Meal: Breakfast Lunch Dinner Time: \_\_\_ / \_\_\_ Week: \_\_\_\_\_ Day: \_\_\_\_\_

Menu Item (4-4316) (Provide authorized menu and identify item(s) with *when a substitution occurred). Justify below **		Staff / Offender Assigned	Amount Prepared	Portion Size	Food Temp. (Before Serving Line)	Left Over-Red Ink Discard-Black Ink	Supplies Taken from Storage Warehouse		Price	Comments (i.e., Offender Food Preferences, Garden Produce) (4-4314, b#4 4-4315)	
Diet for Health (4-4318)		Vegetarian (Meat Free) (4-4319)		Kosher		Halal		Snacks			
Menu Item	Portion	Menu Item	Portion	Menu Item	Portion	Menu Item	Portion	Menu Item	Portion	Food Item	Portion
<u>Total Number:</u>		<u>Total Number:</u>		<u>Total Number:</u>		<u>Total Number:</u>		<u>Total Number:</u>		<u>Total Number:</u>	
Sack Lunches		Food Evaluation (4-4317)			Count		Amount Fed		Temperatures (4-4324, 4-4325)		
Food Item	Portion	Appearance	Satisfactory	Unsatisfactory	GP	Offenders	Staff/ Guests	Refrigerator	Freezers	Storeroom (4-4325)	
					SAT / RTP						
		Flavor			SHU		SHU				
		Palatability			Total		Total				
		Texture									
<u>Total Number:</u>											
Inspection of Personnel / Workers (4-4322 b# 3 & 4)				Sample Tray			Dish	Food (On Serving Line)	**Reason for Substitution		
Are personnel in good health, free from infections, open cuts or burns? <input type="checkbox"/> Yes <input type="checkbox"/> No							Date/Time:	Wash:	Hot:		
Does personal hygiene meet standards (i.e. clean clothes, hands washed, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No								Final Rinse:	Cold:		
Food Service Manager I / Food Service Specialist: _____  Food Service Manager II / III: _____							Sanitize				