WRHA NUTRITION AND FOOD SERVICES
POINT OF SERVICE EVALUATION

Facility Name: _____ **Date:** _____ **Diet Type:** _____

Evaluator(s): _____ **Meal:** **Breakfast** ____ **Lunch** ____ **Supper** ____

RATING SCALE: **0 – Unacceptable** **1 – Needs Improvement** **2 – Acceptable**

TRAY ITEM	Aroma	Taste	Texture	Temp	Quantity	Appear-ance of Food	Comments/Trends Noted
Average Score							

General Observations	YES	NO	
Tray Accurate			
Tray Clean			
Packaging easy to access / no damage			
Overall presentation is acceptable			

Revised October 22, 2007