

**QUARTERLY
REGISTERED DIETICIAN
NUTRITION SITE MONITORING TOOL**

Nutrition Site: _____

Quarter Reviewed: _____

Date: _____

Fiscal Year Reviewed: _____

MAJOR FINDINGS:
Strengths:
Recommendations:
Infractions from previous visit <u>NOT</u> corrected. Please list:

R. D. Signature: _____

Date: _____

Service Provider Signature: _____

Date: _____

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S/N/U

COMMENTS

STANDARDS: S = Satisfactory; N = Needs Improvement; U = Unsatisfactory

1. Meal Production:

- a. Meal conforms to approved menu _____
- b. Meal ready on time _____
- c. Meal temperatures appropriate and logged daily (first and last). Enter today's temps in chart → _____
- d. Standardized recipes used _____
- e. Meal tasty and appealing _____
- f. Portion control accurate _____
- g. Meal cooling log and protocol in place _____

ENTER TEMPS	Home-Bound	Dining Room	Last Served
Entree			
Starch			
Veggie			
Veggie			
Fruit			
Fruit			
Milk			
Other			
Other			

2. Sanitation and Safety (General):

- a. Kitchen walls, floor & ceiling clean and in good repair _____
- b. Counter, shelves clean _____
- c. Work areas clean & tidy _____
- d. Stove/oven clean _____
- e. Service on fire extinguishers and hood extinguishers up-to-date _____
- f. Equipment clean and in good repair _____
- g. Thermometers cleaned and calibrated regularly _____
- h. Proper dishwashing procedure followed _____
- i. Garbage cans clean/covered _____
- j. No apparent evidence of insects or pests _____

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	<u>S/N/U</u>	<u>COMMENTS</u>
k. Cleaning Schedule posted /followed	_____	
l. Logs kept for sanitized water for wiping rags	_____	
m. Handwashing sink in workplace	_____	
n. Single use towels by handwashing sink	_____	
o. Hand washing signs posted in workplace	_____	
p. Hand washing signs posted in bathroom	_____	
q. No smoking signs posted in work area	_____	
r. Windows screened and doors screened if left open	_____	
s. Warning sign for removing food posted in the dining room	_____	
t. Dining room appearance appropriate	_____	
u. No pets in dining room (service animals OK)- Signage posted	_____	
3. <u>Dry Food Storage:</u>		
a. Clean and orderly	_____	
b. Food stored 6" above floor	_____	
c. Temperature acceptable (50°-70° F)	_____	
d. Inventory rotated (first in, first out)	_____	
e. Cleaning supplies stored separate from food	_____	
f. Material Safety Data Sheets (MSDS) available with cleaning supplies	_____	
4. <u>Refrigerators and Freezers:</u>		

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	<u>S/N/U</u>	<u>COMMENTS</u>
a. Temperatures logged daily (Fridge temps are 40° F or below / Freezer temps are 0° F or below)	_____	
Temperature range at time of visit:		R:_____ F:_____
b. Working thermometer in refrigerator and freezer	_____	
c. Foods covered and dated	_____	
d. Clean & orderly (inside and outside)	_____	
e. Food prepared at the facility not stored longer than 2 days in refrigerator	_____	
f. Foods in refrigerator within expiration date	_____	
g. Food prepared at the facility not stored in freezer longer than 30 days	_____	
h. Foods routinely defrosted in fridge on the bottom shelf of the refrigerator	_____	
 5. <u>Personnel:</u>		
a. Appearance: clean clothes/apron	_____	
b. Appropriate head coverings/hair restrained	_____	
c. Proper food handling practices observed	_____	
d. Appropriate use of tongs and gloves	_____	
e. Close-toed shoes	_____	
f. No eating/drinking in the kitchen	_____	
 6. <u>Management Practices:</u>		
a. Inventorying, purchasing	_____	
b. Policies & procedures	_____	
c. Staffing and training adequate	_____	

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	<u>S/N/U</u>	<u>COMMENTS</u>
<ul style="list-style-type: none"> • Food safety • Prevention of foodborne illness • HACCP principles • Accident prevention • Instruction on fire safety • First aid • Choking • Earthquake preparedness • Other emergency procedures • Training records on file (i.e.: topics covered and sign-in sheets) 		
d. Nutrition Education Performed/ conducted according to approved annual plan and Title 22	_____	
e. Menu posted in a visible location in the dining area	_____	
f. Menu substitutions approved prior to meal service (Title 22)	_____	
7. <u>Meal Service Volunteers:</u>		
a. Scheduling appropriate	_____	
b. Training adequate	_____	
c. Food handling procedures followed	_____	
8. <u>Meal Transport: Home delivered meals</u>		
a. Equipment clean & in working order	_____	
b. Timely delivery (less than 2 hrs. or no more than 4 hrs. with temperature control)	_____	
c. Food temperatures appropriate and logged regularly (first and last meal)	_____	
d. Observe one route per visit- 1 to 2 stops (alternate routes): Cleanliness of vehicle	_____	
Vehicle in good working order	_____	

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	<u>S/N/U</u>	<u>COMMENTS</u>
No animals in vehicle	_____	
Cleanliness of container		
transporting home delivered meals	_____	
Proper food handling when delivered	_____	
Driver cognizant of clients' well-being	_____	
Client safety protocol in place	_____	
Driver hygiene	_____	
Confidential handling of client info.	_____	
Meal not left (i.e. in ice chest) when client not available	_____	
"No Answer" protocol in place	_____	

List Staff Training Provided by R.D. during visit:

Was the training provided in accordance with the approved annual training plan? _____

Inspections/Certifications

County Environmental Health Inspection Date: _____

Violations/Comments on inspection form:

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S/N/U

COMMENTS

Issue date of Permit to Operate: _____

ServSafe (or other qualified Food Manager Training Certificate)

Names/Date issued:

Food Handlers Card

Names/Date issued:

*NOTE: Program RD may forgo one quarterly monitoring visit (per fiscal year) of a non-food prep site in lieu of an Environmental Health agency inspection.