### 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 left 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.


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: ___________________________