

Resource: Point of Service Temperature Audit Form

Date:	
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Wing/Hall/Dining Room:	
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Meal Service (circle one):	Breakfast	Lunch	Dinner
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Time cart/meal left kitchen:	Time cart/meal arrived:	Time meal served:

	Menu Item	Temperature prior to service	Temperature at time of service*
Entrée			
Starch			
Vegetable			
Side			
Salad			
Dessert			
Soup/Hot Cereal			
Beverage/Milk			
Beverage/Milk			
Other:			
Other:			
Other:			

**Temperature at time of service should be palatable*

Corrective Action Needed? Yes No

Additional Comments:

Completed by: _____

Reviewed by: _____ Date: _____