KITCHEN/FOOD SERVICE OBSERVATION

Facility Name: _____ **Surveyor Name:** _____
Provider Number: _____ **Surveyor Number:** _____ **Discipline:** _____
Observation Dates/Times: _____

Instructions:
Use the questions below to focus your observations of the kitchen and the facility's storage, preparation, distribution and service of food to residents. Initial that there are no identifiable concerns or note concerns and follow-up in the space provided. All questions relate to the requirement to prevent the contamination of food and the spread of food-born illness. (F371 This tag is not all inclusive.)

LIST ANY POTENTIAL CONCERNS FROM OFFSITE SURVEY PREPARATION: _____

_____

FOOD STORAGE

1. Are the refrigerator and freezer shelves and floors clean and free of spillage, and foods free of slime and mold?
2. Is the freezer temperature 0 degrees F or below and refrigerator 41 degrees F or below (allow 2-3 degrees variance)? Do not check during meal preparation.
3. Are refrigerated foods covered, dated, labeled, and shelved to allow air circulation?
4. Are foods stored correctly (e.g., cooked foods over raw meat in refrigerator, egg and egg rich foods refrigerated)?
5. Is dry storage maintained in a manner to prevent rodent/pest infestation?

FOOD PREPARATION

6. Are cracked eggs being used only in foods that are thoroughly cooked, such as baked goods or casseroles?
7. Are frozen raw meats and poultry thawed in the refrigerator or in cold, running water? Are cooked foods cooled down safely?
8. Are food contact surfaces and utensils cleaned to prevent cross-contamination and food-borne illness?

FOOD SERVICE/SANITATION

9. Are hot foods maintained at 140 degrees F or above and cold foods maintained at 41 degrees F or below when served from tray line?
10. Are food trays, dinnerware, and utensils clean and in good condition?
11. Are the foods covered until served? Is food protected from contamination during transportation and distribution?
12. Are employees washing hands before and after handling food, using clean utensils when necessary and following infection control practices?
13. Are food preparation equipment, dishes and utensils effectively sanitized to destroy potential food borne illness? Is dishwasher's hot water wash 140 degrees F and rinse cycle 180 degrees F or chemical sanitation per manufacturer's instructions followed?
14. Is facility following correct manual dishwashing procedures (i.e., 3 compartment sink, correct water temperature, chemical concentration, and immersion time)?

NOTE: If any nutritional concerns have been identified (such as weight loss) by observation, interviews or record review, check portion sizes and how that type of food is prepared (see guidelines at 483.35). If any concerns are identified regarding meals that are not consistent in quality see guidance at Task 5B and at 483.35.

LADLES: $1/4$ C = 2 oz., $1/2$ C = 4 oz., $3/4$ C = 6 oz., 1 C = 8 oz.

SCOOPS: #6 = $2/3$ C., #8 = $1/2$ C., #10 = $2/5$ C., #12 = $1/3$ C., #16 = $1/4$ C.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS: (Init.) ____

Document concerns and follow-up on back of page.