

EXEMPT CHILD FOOD PROGRAM INSPECTION REPORT

SITE NAME _____

SITE ADDRESS _____

DATE _____ TIME _____

TYPE OF PROGRAM: ☐ SUMMER MEAL ☐ AFTER SCHOOL MEAL

OF MEALS SERVED/DAY _____

PROGRAM DAYS/HOURS OF OPERATION _____

_____ (A) OBSERVED FOOD DELIVERY/TRUCK TEMPERATURE _____

_____ (B) OBSERVED MEAL SERVED

_____ (C) OBSERVED MEALS STORED AT SITE PRIOR TO SERVING

_____ (D) OBSERVED MEALS BEING CONSUMED

INSPECTION FINDINGS

LIST FOOD ITEMS SERVED	
TEMPERATURE OF TIME/TEMPERATURE CONTROLLED FOR SAFETY FOODS	
TIME FOOD DELIVERED	
TIME FOOD SERVED	
AMBIENT AIR TEMPERATURE	
COLD AND /OR HOT FOOD STORAGE FACILITIES AT SITE	

COMMENTS: _____

INSPECTED BY _____ RS/SIT# _____

HEALTH DEPARTMENT _____

RECEIVED BY _____ TITLE _____