**SSO Food Transport Sheet**

(Prototype)

**Site Name:**

**Date:**

**Day of Week:** M T W TH FR

**Grade Group: K-5 6-8 9-12**

Signature:

**Meal Period:**  **Breakfast**  **Lunch**  **Snack**

Signature:

Production Kitchen Staff Serving Site

**Number of Meals ordered (Project Servings):**

Student Meals Adult/Second Meals Extra Milk

**Menu: Number of Meals Served:**

Grades ( ) Grades ( ) Adults Seconds Total

\* Monitor temperatures of potentially hazardous foods.

\*\* D=Discard

R=Returned to Inventory

**Special Instructions/Comments:**

|  |  |
| --- | --- |
| **Production Kitchen** | **Serving Site** |
| **Menu Item** | **Portion****Size** | **Number****Portions Prepared or Quantity Sent** | **Time****Carts are Loaded** | **Temp.\*****When Carts are Loaded** | **Temp.****on****Arrival** | **Temp.****at meal service** | **Leftover****Amounts****\*\*D/R** |
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|  | **Food Cost/Plate Cost:** | **Total Cost:** |

The completed forms/copies of completed forms for each day of meal service will be kept on file at:

 Central Kitchen  Serving Location  Both

This institution is an equal opportunity provider.