Audit of Food/Beverages Brought into the Facility





Audit: Food/Beverages Brought into the Facility

Date Item Received	Resident Identifier	Description of Item	Date of Original Preparation	Storage Requirements ☐ Refrigerate ☐ Freeze ☐ Dry Storage	Container Properly Sealed	Container Labeled identifying food item, date, name and room number	Staff Receiving Item	Comments/Actions
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		
				☐ Refrigerate ☐ Freeze ☐ Dry	Y/N	Y/N		



