



Patient Meal Tray Log



Name of Facility: _____

Meal: _____

Floor/Unit: _____

Date: _____

Auditor's Name: _____

Follow a minimum of 30 trays per day, with at least 15 trays in each of 2 meal periods.

	Room Number	Time of Order	Time of Delivery	Arrive Within 45 Minutes? (Y=Yes; N=No)	Time from Kitchen to Room (in minutes)	Accurate? Ticket vs. Tray (Y=Yes; N=No)	Diet	Accurate? Ticket vs. Diet Rx (Y=Yes; N=No)	Position(s) Where Problem Generated*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Totals:				% Y:	Avg. Time:	% Y:		% Y:	*Document nature of problems on back side of this sheet.

Patient Meal Tray Log – page 2

	Description of Problem
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	