



Patient Tray Assessment



Name of Facility: _____
 Name/Title of Evaluator: _____
 Floor/Unit: _____
 Meal: _____
 Diet: _____

Tray Pass Times

Tray assembly began at: _____ Tray delivered to pt/test area at: _____
 Cart left kitchen at: _____ Elapsed time: _____
 Cart arrived on unit at: _____ If > 30 min. explain: _____
 Tray passing began at: _____

Circle your responses. Add up each row's total points, then add up each row's maximum possible points (using only the boxes that apply).
 Divide total points by possible points to get your percentage. To get your overall percentage, divide the sum of your total points by the sum of your possible points.

Item	Hot Foods						Cold Foods					Total Points	Possible Points	%
	Soup	Eggs	Entrée	Starch	Veggie	Hot Bev.	Salad	Dessert	Fruit	Juice	Cold Bev.			
Temp. of Food on Tray (°F)	> 150=3 145-149=2 140-144=1 <140=0	>140=3 135-139=2 130-134=1 <130=0	>130=3 125-129=2 120-124=1 <120=0	>130=3 125-129=2 120-124=1 <120=0	>130=3 125-129=2 120-124=1 <120=0	> 150=3 145-149=2 140-144=1 <140=0	<40=3 40-46=2 47-49=1 >50=0	<40=3 40-46=2 47-49=1 >50=0	<40=3 40-46=2 47-49=1 >50=0	<40=3 40-46=2 47-49=1 >50=0	<40=3 40-46=2 47-49=1 >50=0		+	=
Portion Size	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0			
Appearance	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0			
Taste/Aroma	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0			
Substitutions	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0	Correct=1 Incorrect=0			
Cleanliness	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0	Accept=2 Needs Improve.=1 Unaccept.=0			
Totals													+	=

Comments: _____

Test Tray Quality Rating: Excellent (96-100%) Satisfactory (95-90%) Unsatisfactory (< 90%); Requires corrective action.

Signature of Test Tray Evaluator: _____

Corrective Action Taken: _____

Approved by: _____ Date: _____