

Meal Distribution Form

Date	Food Type (hot/ chilled)	Check 1. Plating / Packing					Check 2. Packing and Delivery of Hot/ Chilled Boxes					Corrective Actions
		Time Begin Packing	Temp. Begin Packing	Time Finished Packing	Temp. Finished Packing	Signed	Time cold/ hot box packed for 1 st / last run	Temp cold/ hot box packed for 1 st / last run	Time 1 st / last run finished	Temp 1 st / last run finished (at least once a day)	Signed	

Record Checked by: _____ Date: _____