

## Summer Daily Meal Transport Record

Receiving Program Site Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Delivery Arrival: \_\_\_\_\_

Preparation School Site Name: \_\_\_\_\_ Loc Code: \_\_\_\_\_ Meal Service Type: \_\_\_\_\_

**Food Service Manager or designee will fill out the header and columns 1-3, delivery driver will fill out sections 4 and 5**

1 COMPONENTS	2 PORTION SIZE	3 AMOUNT PREPARED	4 <i>INITIAL</i>	4 <i>TIME</i>	TEMP	5 AMOUNT DELIVERED
1% Milk	1 each					
Non-Fat Chocolate Milk	1 each					
1% Milk for Quality Control Purpose Only	1 each	1				

**Form must be returned to the Summer Food Services Manager daily**

\_\_\_\_\_  
Food Services Manager/Designee  
Signature

\_\_\_\_\_  
Receiving Site Designee  
Signature

**\*TO ENSURE THE SAFETY AND QUALITY OF THE FOOD, ALL MEALS MUST BE SERVED WITHIN ONE (1) HOUR OF MEAL DELIVERY.**

**Completed Copy of forms needed for each location:**

RAP- 2 copies

HUB Receiver- 1 copy

Parent site needs original form for each program prepared and delivered from the parent site

# Summer Daily Meal Transport Record

## Form Instructions

All header information must be filled out by the Food Service Manager/Designee:

**Receiving Program Site Name:** Fill in the receiving program name.

**Date:** Fill in the date of meal service.

***Time of Delivery Arrival:*** Record the time of arrival to the receiving site.

**Preparation School Site Name:** Fill in the name of the food preparation site.

**Loc. Code:** Fill in the preparation site location code.

**Meal Service Type:** Indicate which meal service is being served; lunch or snack.

1 COMPONENTS	2 PORTION SIZE	3 AMOUNT PREPARED	4			5 AMOUNT DELIVERED
			INITIAL	TIME	TEMP	
Manager/Designee fills out columns 1-3			Driver/Program Staff fills out columns 4 & 5			
Column 1: <b>Enter Menu:</b> <ul style="list-style-type: none"> <li>• Entrée</li> <li>• Veg Item</li> <li>• Fruit Item</li> <li>• Milk Type</li> </ul>			Column 2: <b>Enter Portion Sizes</b>	Column 3: <b>Amount of Meals Prepared</b>	Column 4: <b>Initial:</b> initial at time of temp taken <b>Time:</b> record exact time temp was taken <b>Temp:</b> indicate the exact temperature of food and beverages	Column 5: <b>Indicate amount delivered to the site</b>
1% Milk	1 each					
Non-Fat Chocolate Milk	1 each					
1% Milk for Quality Control Purpose Only	1 each	1				

**Signature (Food Service Manager/Designee):** Signed after verifying **all** information on the form is accurate.

**Signature (Receiving Program Site Designee):** Signed immediately after verifying columns 4 & 5 are completed and accurate.

*All original forms must be filed at the **parent site** for each program prepared and delivered from the parent site.*

**COPY of completed forms needed at each location:**

RAP- 2 Copies

HUB Receiver- 1 Copy