

III Corps Artillery
Staff Duty Officer's Dining Facility Evaluation Report

Evaluated _____ Bldg Number _____

checked (circle one): Breakfast Lunch Dinner

and Time checked _____ NCOIC _____

Purpose: The purpose of this evaluation is to determine if the soldiers of III C/A are receiving the best meals and service possible in our dining facilities.

Instructions:

- a. Check each of the items below. Each question serves as the standard.
- b. Mark the form either yes or no for each item.
- c. All no responses must be explained in the remarks section in order for appropriate action to be taken.
- d. Sign the form and return it to the SDNCO for inclusion in his journal report.

Yes

No

1. Was a regular menu posted at the entrance of the dining facility?
2. Did the menu list calorie content for each of the items?
3. Did the menu items listed agree with what was on the serving line?
4. Was there a diet/fitness menu posted at the entrance?
5. Did it contain recommendations for both short order and main line items?
6. Were there calorie listings?
7. Was the headcounter grade E-4 or above?
8. Was he/she briefed by the shift leader or food service sergeant using written guidelines? (Ask)

Yes

No

9. Was an SOP or written guidelines available at the headcount station?
10. Observe the headcounter from a short distance. Was the headcounter requiring diners in civilian clothes to show ID cards?
11. Were cooks in uniform? Were their uniforms clean? Was each cook wearing a paper cooks' white cap and a clean apron?
12. Judging from their general appearance and attitude, were their hands clean? Were fingernails trimmed and clean? Were they courteous and did they show a desire to please?
13. Were food items on the serving line appropriately garnished (decorated with small pieces of colorful food)?
14. Did the food appear fresh? (Look for dried-out meats, dry-looking potatoes, limp vegetables, etc).
15. Were there sufficient quantities of food and beverages available?
16. Was there an assortment of condiments available and accessible to the diners (salt, pepper, sugar, ketchup, hot sauce, etc)?
17. Was the dining room neat, were spills wiped up, were tables clean?
18. Were your hot foods hot and your cold foods cold?
19. Were your utensils and tableware clean? Was there a sufficient quantity available?
20. Were signs for smoking and non-smoking areas posted and enforced?
21. What was the quality of the food that you were served? (Circle one)

Excellent Good Poor (explain in the remarks section)

22. Ask the shift leader to show you the DA Form 3034, Production Schedule. Was it signed by the food service sergeant in the lower left corner?

Yes

No

23. Look at the outside area as you depart. Check the loading dock. Is it generally clean and free of debris? Are boxes or other refuse placed in the dumpsters?

24. Finally, based on your evaluation of this meal, would you invite your supervisor to consume a meal with you in this dining facility?

REMARKS: Explain "no" responses here.

Signature and Grade of SDO