



**QUALITY
IMPROVEMENT REPORT
BRIEF TRAYLINE CHECK**

Reviewed By: _____

Facility: _____

Date: _____

Meal: Breakfast Lunch Dinner

1. Are menu items available according to menu extension?

List items below:

<i>Menu Items</i>	<i>Yes</i>	<i>No</i>	<i>Menu Items</i>	<i>Yes</i>	<i>No</i>

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
2. Are portion sizes served according to the menu?			
3. Are food temperatures taken?			
4. Are food temperatures within guidelines?			
5. Is heat keeping system properly utilized?			
6. Are alternate foods posted?			
7. Is garnish available?			
8. Were recipes used and followed?			

Problem and positive areas identified: _____

Plan of correction: _____

Follow-up evaluation to be made in: _____ By: _____

This CQI Report has been reviewed with: _____

R.D. SIGNATURE: _____