



QUALITY IMPROVEMENT REPORT

TRAY OBSERVATION

Reviewed By: _____

Meal Observed: _____

Facility: _____

Date: _____

Observe a tray line and a sample of residents at mealtime.	Meets Stds.	Needs Imprv.	COMMENTS
1. Menu posted near serving area.			
2. Menus being followed as planned.			
3. Menu changes recorded in writing.			
4. Proper portioning utensils used.			
5. Staff washes hands before service.			
6. Trayline starts on time			
7. Blenderized foods appropriate consistency/texture/flavor.			
8. Therapeutic food items prepared and served.			
9. Thickened liquids are appropriate consistency.			
10. Food preferences noticeably honored.			
11. Substitutes/Alternates available.			
12. Servers' hair restrained.			
13. No contact with food with bare hands.			
14. Heat support system effectively used.			
15. Food and fluid temperatures are appropriate.			
16. Food and fluid temperatures are documented.			
17. Cold food placement in last 30 minutes.			
18. Steam table set less than 30 minutes prior to service.			
19. Minimal interruptions during service.			
20. Serving paced with delivery team.			
21. Uniform and neat placement of foods.			
22. Plate is garnished and presentation is attractive.			
23. Appropriate eating utensils provided.			
24. Tray cards are neat, clean, and legible.			
25. Foods covered in transport.			

TRAYLINE TEMPERATURES (TIME):
TRAYLINE START TIME:

MENU ITEM	REG. TEMP.	PUREE TEMP.

TEST TRAY TEMPERATURES
AT TIME OF DELIVERY:

MENU ITEM	TEMP.	MEETS STD.

TIME AT ASSEMBLY OF TEST TRAY:
TIME AT DELIVERY TO RESIDENT:
TIME BETWEEN ASSEMBLY & DELIVERY:

PROBLEM OR POSITIVE AREAS IDENTIFIED: _____

PLAN: _____

THIS CQI REPORT HAS BEEN REVIEWED WITH: _____

R.D. SIGNATURE: _____