

RESOURCE: Dining Room Inspection Audit Checklist

Facility:			
Date:		Meal:	
Reviewer:		Location:	

Serving Start Time:	
Serving End Time:	
Comments:	

Plate Appearance:	
Garnish Appropriate:	
Tableware Condition:	
Dining Room Atmosphere:	
Sound Level:	
Dining Room Furnishings:	
Centerpieces:	

	Yes	No
Posted menu available and easy to read?		
Food temperatures logged before service?		
Alternate food items available for service?		
Staff to resident interactions comfortable and friendly?		
Resident food preferences honored?		
Assistance offered when meal is delivered?		

Dining Service Strengths:
Comments: