**FOOD SERVICES AUDIT 🞎 Baseline:** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞎 Follow-up:** Date

Please complete this form before and after making changes if your facility’s concession, cafeteria, snack bar or other food outlet is being addressed in your project’s intended activities.

The goal should be to working towards your Provincial or Territorial Nutritional Guidelines. If none exist you can use the BC Nutrient Criteria for [Healthier Choices in Vending Machines in BC Public Buildings](http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf): at least 50% Sell Most and up to 50% Sell Sometimes options.

[*http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf*](http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf)

|  |  |
| --- | --- |
| **Community:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Facility(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This Assessment was completed by:  🞎 **Project coordinator/staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 **Consultant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 **Committee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contributing members:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **What best describes this food service outlet?**  🞎 Concession  🞎 Snack bar/Café  🞎 Cafeteria  🞎 Restaurant    *Note: If you have more than one food service outlet, it is ideal to complete this form for each outlet. This will provide a sample evaluation to represent all outlets.* |

Pleased return completed forms to your Provincial/Territorial Coordinator (if applicable). Thanks!

***Description of Food Outlet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please briefly describe your food service outlet.**

How long has it been in operation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where in the facility is it located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who typically eats here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there seating? If yes, please describe (how much, situation etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach a few photos of the food outlet, showing current menus, food placement and promotional images.

***Operations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

What are the regular hours of operation of this food outlet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the regular hours of operation of your recreation facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this facility used as a Teaching Kitchen? 🞎 Yes 🞎 No 🞎 Not possible

Who operates this food outlet? 🞏 Staff 🞏 Volunteers 🞏 Contractor

If the outlet is operated by a contractor, please provide a status of your facility’s contract:

Name of Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time remaining in contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this contract negotiable? 🞏 Yes 🞏 No 🞏 Not sure

Profits from this concession go to:

* Contractor
* Fundraising
* Operational Budget
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Food Storage & Preparation Tools\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Where are the freshly prepared foods sold at this outlet prepared?

🞎 On site 🞎 Contracted and brought in 🞎 Both 🞎 Not applicable

Please indicate which of the following are currently present in this food outlet:

* Crock Pot
* Deep Fryer
* Oven
* Toaster
* Grill
* Rotisserie
* Heating Box/ heat lamps
* Blender
* Sink (s) #\_\_\_\_\_\_
* Freezer
* Refrigerated Display Case
* Storage Fridge
* Display Fridge
* Other: Please describe**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Promotion of Healthy Food\_\_\_\_\_\_\_+1 for Yes and -1 for No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Are healthy foods subsidized? 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_­

Is healthy food and beverage provided at an equal or

lower price than less healthy food and beverage? 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

Are healthy options sold in the facility identifiable 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

with a checkmark or other marker?

Are healthy choices positioned to promote visibility (ie. at checkout)? 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

**Promotion of Unhealthy Foods *-1 for Yes and +1 for No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Unhealthy impulse items (ie. chocolate bars, candy, sugar

sweetened beverages) are displayed at check-out

Candy is sold 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

Sugary drinks are sold (includes: sports drinks, pop, iced tea) 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

Marketing of unhealthy products are displayed (ie.posters of ice cream) 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

Supersized portions are offered 🞎 Yes 🞎 No Score:\_\_\_\_\_\_\_

**TOTAL SCORE**

**SET GOAL FOR IMPROVEMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Prepared Foods Monitoring Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Adapted from the Planning Healthy Cafeteria Menus Fact Sheet in the Guidelines for Food & Beverage Sales in BC Schools (2013)*

Please tick the appropriate boxes for what is true of this food outlet.

For any pre-packaged food & beverages, please use the Vending Audit tool to assess the Sell Most/Sell Sometimes criteria.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Availability**, e.g. “Served” or “Offered” | | | | | | | | |
| Never | | Occasionally  1-2 times/month | | Often  1-2 times/week | | Always  (Most days) | Comments/Notes | |
| Vegetables and Fruit |  | |  | |  | |  |  | |
| Fresh fruit is available |  | |  | |  | |  |  | |
| Raw or cooked vegetables are served, with a minimum of added salt, fat, or sauces |  | |  | |  | |  |  | |
| Canned vegetables and fruit are low in added salt  and sugar |  | |  | |  | |  |  | |
| Juice is 100% fruit or vegetable juice and is 360 mL  or smaller |  | |  | |  | |  |  | |
|  |  | |  | |  | |  |  | |
| Grain Products |  | |  | |  | |  |  | |
| Whole grain products are served at least 50% of the time |  | |  | |  | |  |  | |
| Replace flour with whole grain flour in recipes |  | |  | |  | |  |  | |
| The portion size of baked goods is moderate |  | |  | |  | |  |  | |
|  |  | |  | |  | |  |  | |
| Homemade, or commercial low sodium, low fat products have replaced regular instant noodle products and rice mixes |  | |  | |  | |  |  | |
| Food Stock Monitoring Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Indicator | | **Availability**, e.g. “Served” or “Offered” | | | | | | | |
| Never | | Occasionally  1-2 times/month | | Often  1-2 times/week | Always  (Most days) | | Comments/Notes |
| Milk and Alternatives | |  | |  | |  |  | |  |
| Low fat dairy products are served regularly e.g.   * milk is 2% MF or less * yogurt is 2% MF or less * cheese is 20% MF or less | |  | |  | |  |  | |  |
| Milk or soy beverages sold meet the Sell Sometimes or Sell Most nutrient criteria | |  | |  | |  |  | |  |
| Only unprocessed cheeses are served | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
| Meat and Alternatives | |  | |  | |  |  | |  |
| Alternatives such as beans, lentils, and tofu are served regularly | |  | |  | |  |  | |  |
| Meat, fish and poultry are lean, prepared with a minimum of added fat, and cooked in a manner that reduces total fat (e.g. baked, grilled, roasted ) | |  | |  | |  |  | |  |
| Fish is baked or grilled, rather than deep- or pan-fried | |  | |  | |  |  | |  |
| Deli meats, cold cuts, smoked meats etc used for sandwiches, pizzas and other mixed entrees meet the Sell Sometimes or Sell Most nutrient criteria | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
| Preparation Methods | |  | |  | |  |  | |  |
| Recipes are followed to avoid the unnecessary addition  of salt, sugar and fat | |  | |  | |  |  | |  |
| Lower fat cooking methods (baking, grilling, roasting,  stir-fry) have replaced deep- and pan-frying | |  | |  | |  |  | |  |
| All soft spreadable margarines and oils meet the restriction of 2% or less trans fat of total fat content | |  | |  | |  |  | |  |
| Recipes or mixes for soups, gravies and sauces are low fat and low sodium | |  | |  | |  |  | |  |
| ***Food Stock Monitoring Form****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_*\_\_* | | | | | | | | | |
| **Indicator**  **Preparation Methods** continued | | **Availability**, e.g. “Served” or “Offered” | | | | | | | |
| Never | | Occasionally  1-2 times/month | | Often  1-2 times/week | Always  (Most days) | | Comments/Notes |
| Breaded products are baked not fried and meet the  Sell Sometimes or Sell Most nutrient criteria | |  | |  | |  |  | |  |
| Use reduced sodium options when choosing canned vegetables, tomato sauces, soups or stocks | |  | |  | |  |  | |  |
| Ready-to-serve or heat-and-serve items are low in fat, sugar and sodium and meet the Sell Sometimes or  Sell Most nutrient criteria | |  | |  | |  |  | |  |
| Use reduced or low sodium sauces to enhance flavours | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
| Beverages | |  | |  | |  |  | |  |
| Water is available to drink | |  | |  | |  |  | |  |
| Other beverages should meet the Sell Sometimes or  Sell Most nutrient criteria | |  | |  | |  |  | |  |
| Hot chocolate is made with lower fat milk in a moderate serving size | |  | |  | |  |  | |  |
| Regular coffee/tea are not available for sale to students | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
| Condiments | |  | |  | |  |  | |  |
| Condiments are offered in small portions and students are encouraged to limit their choices to one to two portions | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |

**Score Your Food Stock Results**

Count up the number of times you have check marks in each category

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Occasionally** | **Often** | **Always** | **Total Across** |
| Count |  |  |  |  |  |
| % Calculation  (column number  Total across) x100 |  |  |  |  |  |

**Set a goal to change your percentages**

|  |  |  |
| --- | --- | --- |
| **Category** | **% in base scan (from chart above)** | **Goal to Achieve** |
| Never |  |  |
| Occasionally |  |  |
| Often |  |  |
| Always |  |  |

***Monitoring Do Not Sell Foods***

Total # of Prepared Food on all menus selected for review \_\_\_\_\_\_\_

# of Obvious ***Do Not Sell\**** Foods on these menus \_\_\_\_\_\_\_

List menu items requiring clarification. Find clarification of products by consulting with your community dietitian or

by contacting your Provincial or Territorial Coordinator (if applicable).

|  |  |  |
| --- | --- | --- |
| **List Item to Clarify** | ***Do Not Sell* Food/Beverage?**  **✓** | **Comment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total #** | **#** |  |

**Total # Do Not Sell \_\_\_\_\_\_\_\_\_\_** (add # obvious and # clarified items)

**% Do Not Sell \_\_\_\_\_\_\_\_\_\_** (total not recommended/ total # foods reviewed)

Please send completed forms to your Provincial/Territorial Coordinator (if applicable). Thanks!

\*Do Not Sell Foods contain higher amounts of fat, sodium or sugar and may be less nutritious. See Appendix 3 of the Healthier Choices in Vending Machines in BC Public Buildings.