

Food Temperature Reporting Form

Nutrition Program Name: _____

Date: _____

Congregate Meals

Food Item	Serving			Cooling						Refrigerator/Freezer	
	Time	Temp.		Time			Temp			Time	Temp
		Hot	Cold				Hot				Hot

Home Delivered Meals

Food Item	Packaging Meal			Last Delivered Meal		
	Time	Temp.		Time	Temp.	
		Hot	Cold		Hot	Cold