

Meal Site Review

NAME OF SITE _____

DATE OF VISIT _____

COMPLETED BY _____

Please indicate the appropriate response for each statement listed by writing YES or NO in the corresponding space. If the statement does not apply, write NA in the space. Use the space provided at the end of each section to provide additional comments or to clarify your responses.

Thank you.

A. CREATION OF AN INVITING ATMOSPHERE

- _____ 1. Were you greeted as you came in?
- _____ 2. If needed, was the contribution system explained?
- _____ 3. Did the seating arrangement allow for new participants to be integrated into the group?
- _____ 4. Was there an announcement time?
- _____ 5. Were new participants introduced to the group?
- _____ 6. Did the site appear clean & neat?
- _____ 7. Were the bathrooms clean?
- _____ 8. Was there a bulletin board or place where notices were posted including the following:
 - _____a) activity calendar
 - _____b menu for current week and the following week
- _____ 9. Was the site accessible to a handicapped person?
- _____ 10. Did participants at the site, seem to mix well together?

Comments:

B. PARTICIPANTS

- _____ 1. Were participants friendly to you as a newcomer?
- _____ 2. Did participants seem to enjoy talking to each other?
- _____ 3. Did participants seem happy with the following?
- _____ a) the site manager
- _____ b) the volunteers
- _____ c) the food
- _____ d) the program

Comments:

C. SITE MANAGER

- _____ 1. Was the site manager readily identified (for example, the manager was wearing a badge or name tag)?
- _____ 2. Was the site manager friendly to participants and volunteers?
- _____ 3. Was the site manager helpful to people with special needs?

Comments:

D. VOLUNTEERS

- _____ 1. Were volunteers readily identified by a name tag?
- _____ 2. Did volunteers seem to enjoy their work and know what was expected of them?

Comments:

E. RESERVATIONS

- _____ 1. Was making the reservation easy?
- _____ 2. Was parking available close to the site?
- _____ 3. Did the site have efficient and accurate registration procedures?

Comments:

H. FOOD

- _____ 1. Did the meal look good?
- _____ 2. Did the food taste good?
- _____ 3. Was the meal served on time?
- _____ 4. Were the people serving the meal clean and wearing aprons?
- _____ 5. Did the food served seem to be at the right temperature?
- _____ Hot Food _____ Cold Food
- _____ 6. Was there a lot of left-over food on people's plates?

Comments: