

CATERING SERVICE UNIT EVALUATION (7500)

(Revised 1996)

Date

Contractor

Incident Name and Number _____

Inclusive Dates Contractor was used _____

Agency and Address _____

EVALUATION

	*(U)	(S)	(O)	Remarks
a. Food Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Menu Variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Met Time Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Planning/Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Appearance (Equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Appearance (Personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* (U) Unsatisfactory (S) Satisfactory (O) Outstanding

Additional Comments _____

Food Unit Leader's Signature

Contractor's Signature

Food Unit Leader (Print Name)

Date & Phone

Work Unit

Date & Phone

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