Open Kitchen
HOMELESS MEALS

Supervisors Checklist

Your name		Date	

1. Did the cooks confirm the meal cooked in accordance with the online manual?
Yes/No

2. Did you carry out opening checks
Yes/No

3. Did you carry out closing checks
Yes/No

4. List any incidents (either in the kitchen or outside)

5. Reimbursements

Cook	Amount

6. Guest numbers:

<30		30-65		65+	
Males		Females		Totals	

7. Meal cooked

Starter	Main Course	Dessert