

St. John the Baptist School Board
FOOD SERVICE TECHNICIANS/PART-TIME FOOD SERVICE TECHNICIANS
OBSERVATION FORM

Date: _____

Site: _____

Technician: _____

Manager: _____

S=SATISFACTORY

N=NEEDS IMPROVEMENT

U=UNSATISFACTORY

NA=NOT APPLICABLE

- _____ Follows policies and procedures
- _____ Uses and cleans equipment
- _____ Uses standardized recipes
- _____ Prepares meals using correct food preparation techniques
- _____ Checks food quality
- _____ Stores deliveries
- _____ Uses safe working procedures
- _____ Reports unsafe working conditions
- _____ Uses good personnel hygiene
- _____ Uses approved sanitation techniques
- _____ Works cooperatively with others
- _____ Serves correct portion sizes
- _____ Maintains correct holding temperatures of food
- _____ Uses food merchandising techniques
- _____ Responds politely to students, faculty, administrators and others
- _____ Reports to work on time
- _____ Calls in absence at least (24) hours in advance
- _____ Operates the computer

Comments: _____

Evaluatee signature on this form does not indicate agreement or disagreement merely that the form has been received and a copy received. Refusal to sign will be considered insubordination.

Evaluatee Signature

Date

Evaluator Signature

Date

Copies:

Central Office

Evaluator

Evaluatee