Production Record

Site: _____

Meal Date:_____

Total # of Projected Reimbursable Meals: _____

*It is recommended that a separate production record be completed for each meal service line, as it is a requirement that EACH service line must meet the meal pattern requirements.

Menu:

Vegetable Sub-groups:
G=Green
RO=Red/orange
BP=Beans/Peas
S= Starchy
O= Other

	Food Item	Recipe	Grade group	Portion size	Student projected servings	Total projected servings	Amt food used (wt or quantity)	Actual student servings	Actual a la carte servings	Actual adult servings	leftovers
Meat/Meat Alternate:											
Grain:											
Fruit:											
Vegetable:	G RO BP S O										
	G RO BP S O										
	G RO BP S O										
	G RO BP S O										
	G RO BP S O										
Milk:											
Condiments:											