

## APPENDIX C3. MEAL TRANSACTION OBSERVATION FORM

OMB Number: 0584-0530  
Expiration Date:  
XX/XX/XXXX



Third Access, Participation,  
Eligibility and Certification  
Study Series

### **Third Access, Participation, Eligibility and Certification Study Series (APEC III)**

### **MEAL TRANSACTION OBSERVATION FORM**

#### SUMMARY:

Meal observation data will be used to determine meal claiming errors by identifying meals incorrectly claimed as reimbursable based on meal components and/or meal recipient.

Field data collectors will conduct meal observations to record meal components viewed on the student's tray and whether the cashier recorded the meal as reimbursable.

Data collectors will observe breakfast and lunch meal service. They will use a sampling algorithm to randomly select meal period, serving line, and meal trays for observation. Data collectors will record meal observations in hard copy booklet, later enter the data electronically, and finally transmit the data to the home office. The hardcopy booklets will be shipped back to the home office.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0530. The time required for the School Cafeteria Manager to provide access to meal transactions for observation is estimated to average 30 minutes per response during each data collection round, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and

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**SECTION A: MEAL OBSERVATION TRANSACTION DETAILS (completed for each meal observation)**

SFA Name and Sample ID: \_\_\_\_\_ |\_\_|\_|\_\_| School Name and ID: \_\_\_\_\_ |\_\_|\_|\_\_|\_|\_\_|

Date: |\_\_|\_|\_\_| / |\_\_|\_|\_\_| / |\_\_|\_|\_\_|\_|\_\_| Time Observation Began: |\_\_|\_|\_\_| / |\_\_|\_|\_\_| AM  
 MONTH DAY YEAR HOUR MINUTE PM

Data Collector Name & ID: \_\_\_\_\_ |\_\_|\_|\_\_| Time Observation Ended: |\_\_|\_|\_\_| / |\_\_|\_|\_\_| AM  
 HOUR MINUTE PM

Meal Type:  Breakfast  Lunch Meal Period: \_\_\_\_\_ Register Number: \_\_\_\_\_

Offer Versus Serve  YES  NO Cafeteria Layout Appropriate for OVS:  YES  NO  
 Comments (notes about layout, atypical circumstances, etc.): \_\_\_\_\_

Substitute Cashier  YES  NO Any atypical circumstances during meal observation: \_\_\_\_\_  
 YES  NO \_\_\_\_\_

**SECTION B: SAMPLING INFORMATION AND RESULTS**  
**NOTE:** Sampling Information and Sampling Results only need to be recorded ONCE (in one booklet) per school.

**Sampling Information**

BREAKFAST			LUNCH		
Register/Serving Line#	# of Periods	Approximate # of transactions	Register/Serving Line#	# of Periods	Approximate # of transactions
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		

**Sampling Results**

BREAKFAST					LUNCH				
Period	Register/Serving Line#	# of Trays to Observe	Start with	Interval	Period	Register/Serving Line#	# of Trays to Observe	Start with	Interval
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				

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Breakfast    Lunch    (circle one)

Food Items	Type of Participant: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Adult		
	Check if Food Item Taken	Number of Units Taken	NOTES:
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.		
8.	8.		
9.	9.		
10.	10.		

IF OVS, were all required components available?  Yes     No (missing component(s): \_\_\_\_\_)

(3 required for Breakfast, 5 required for Lunch)

Recorded as Reimbursable?  Yes     No

Food Items	Type of Participant: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Adult		
	Check if Food Item Taken	Number of Units Taken	NOTES:
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.		
8.	8.		
9.	9.		
10.	10.		

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Food Items	Tray #: _____		
	Type of Participant: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Adult		
	Check if Food Item Taken	Number of Units Taken	NOTES:
<p>IF OVS, were all required components available? <input type="checkbox"/> Yes    <input type="checkbox"/> No (missing component(s): _____)</p> <p>(3 required for Breakfast, 5 required for Lunch)</p> <p style="text-align: right;">Recorded as Reimbursable?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			