

G7. ON-SITE SELF-SERVE/MADE-TO-ORDER BAR FORM (GROUP 3)

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On-Site

Self-Serve / Made-to-Order Bar Form



School Name: _____

Date: _____

Name of Bar: _____

Meal: Breakfast Lunch

A. Food Name	B. Portion Size (Include Units if Pre-Portioned)	C. Production Information				D. Manufacturer/ Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food? <input type="checkbox"/>	G. Recipe? <input type="checkbox"/>
		Amount at Beginning	Amount Added	Amount Left Over for Later Use	Amount Wasted				
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
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								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

If more ingredients are present on the bar, please continue to next page.

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ON-SITE SELF-SERVE AND MADE-TO-ORDER BAR FORM

A.	B.	C.				D.	E.	F.	G.
Food Name	Portion Size (Include Units if Pre-Portioned)	Production Information				Manufacturer/ Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Amount at Beginning	Amount Added	Amount Left Over	Amount Wasted				
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
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