

J1. PLATE WASTE OBSERVATION BOOKLET (GROUP 3)

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## PLATE WASTE OBSERVATION BOOKLET

FI name: \_\_\_\_\_

School ID: \_\_\_\_\_

Book: \_\_\_\_\_ of \_\_\_\_\_

School name: \_\_\_\_\_

Date: \_\_\_\_\_

Meal:  Breakfast  Lunch

Day:  Mon  Tue  Wed  Thu  Fri

Total number of reimbursable breakfasts or lunches to be served during the day: \_\_\_\_\_

Meal period	Start time	End time	Grade level or range	Target number of tagged trays per FI*	Share table available during meal period (Circle yes/no)
1					Y N
2					Y N
3					Y N
4					Y N
5					Y N
6					Y N
7					Y N
8					Y N
9					Y N

\*Over the course of the day, each Field Interviewer should tag a total of 10 breakfast trays and 20 lunch trays, for a total of 20 breakfast trays and 40 lunch trays tagged during the day.

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-xxxx. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All information will be kept private under the Privacy Act to the extent allowed by law. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do

### FOOD LIST

Prior to meal service, list all foods that will be offered in the reimbursable meals being observed.

Tagging interval: \_\_\_\_\_

Target number of tagged trays per FI, per meal period: \_\_\_\_\_

Row #	Food name	Reference portion <i>(Size of 1 unit)</i>	Food description
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
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## PLATE WASTE OBSERVATION FORM

[NOTE: This half-sized page will be printed 20 times, assembled into the booklet so that it appears only on the right side of an open booklet and the left side of the inside cover is visible at all times. The lines on this page will align with lines on the inside cover, where the Food List is displayed.]

In # units remaining column:				
- For liquids, record fluid ounces REMAINING				
- For solid foods, record FRACTION REMAINING, to the nearest 0, 1/4, 1/2, 3/4, or 1.				
TRAY #: _____		TRAY #: _____		
MEAL PERIOD: _____		MEAL PERIOD: _____		
<input type="checkbox"/> TRAY NOT RETURNED		<input type="checkbox"/> TRAY NOT RETURNED		
ROW #	# UNITS TAKEN	# UNITS REMAINING	# UNITS TAKEN	# UNITS REMAINING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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## **PLATE WASTE OBSERVATION NOTES**

Use this space to make notes to aid your work and to record issues that arise.

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