

Color Country Interagency Fire

Meal Evaluation Form

Fire Name _____

Date _____

Meal Provider _____

Meal Breakfast { } Lunch { } Dinner{ }

Meal Quality Good { } Fair { } Poor { }

Please explain your choice

Portion Size Good { } Fair { } Poor { }

Please explain your choice

Other Sides and components of the meal Good { } Fair { } Poor { }

Please explain your choice

Were other /special need meals marked and adequate?

Good { } Fair { } Poor { }

Please explain your choice

Any other comments or concerns about the meal?

Evaluated by:

Date: