

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?

On a scale of 1-10 what would you rate the meal you have just evaluated? _____

Evaluated by: _____

Date: _____

This form is to evaluate the food providers, and document any deficiencies with the meals or services provided. It can also be used to inform the provider of any issues related to meeting the meals specifications that they agreed to provide.

Attach any supporting documentation or photos for any comments you have provided.

Return all completed forms to Color Country Dispatch at the end of the incident.