

PINELLAS COUNTY SCHOOLS
FOOD AND NUTRITION PRODUCT EVALUATION

Date _____ School/Cost Center _____

Manager _____
 Signature _____

Product Information:

Name of Product _____ Brand _____ Product Code # _____

Pack Date _____ Number of Units _____ Can Code _____

UPC # _____ Lot # _____

**Keep Carton
 Until Response
 is Received**

Delivery Information:

Date of Delivery _____ Cycle: _____

Evaluation	Yes	No	Comment
Approved Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Substituted product	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Case Count	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Product Code	<input type="checkbox"/>	<input type="checkbox"/>	
Invoiced Correct Price	<input type="checkbox"/>	<input type="checkbox"/>	

Product Quality	Comment
Taste - Sour, metallic, spoiled, etc.	
Texture - Gritty, lumpy, watery, etc.	
Smell - acrid, smoky, wet, moldy, etc.	
Visual - color, shape, mold, foreign object	
Packaging - short/over product, ripped, wet, dented cans, rust, wrong product in box, etc.	
Temperature - defrosted, melted, icy, etc.	
Foreign Object - (in product/case) bones, glass, metal, etc.	
Other	