



WRHA Nutrition & Food Services COMMENT FORM

This form is NOT intended to resolve urgent issues.

For urgent issues please contact your Food Service Supervisor/Director

Date Form Completed: _____ Facility: _____
 Name/Filled by: _____ Phone #: _____

Attach **TRAY TICKET** or complete information below
 Date of Occurrence: _____
 Meal Served: Breakfast Lunch Dinner Snack All
 Ward: _____ Room #: _____ Diet Type: _____

Comment Details: Concern Praise Suggestion

Immediate Actions Taken on Unit: _____

Would you like to be notified of the follow-up? Yes No

FOOD SERVICE SUPERVISOR/ DIRECTOR/ ACTIONS TAKEN

✓ Category: Tray Accuracy Food Quantity Presentation Bulk Food Concern
 Temperature Food Quality Packaging Patient Safety
 Variety Other _____ *see legend on reverse side*

✓ Impact Rating: Minor Serious Severe* *contact writer of form ASAP

✓ Name **Fax to RDF at 654-0246**

RDF USE ONLY

Follow Up (Date: _____):

Comment #

Comment Form Procedure Guide

1. Complete information in first box in as much details as possible.
2. Attach tray ticket or complete meal information.
3. Submit the form to the Food Service Supervisor/Director

<i>Type of Concern</i>	Examples
Tray Accuracy	Missing cutlery, missing entrée, missing tray etc.
Food Quantity	Portion size
Presentation	Meal appearance, cleanliness of tray and cutlery, variety of colours and textures
Bulk Food Concern	Bulk Food Concern i.e. food shortage, pans too full
Temperature	Extremely hot or cold food
Food Quality	Taste, texture, expired product
Packaging	Missing lids, damaged packaging, difficult to open
Patient Safety	Allergy, receiving non-compliant food item, foreign object in food
Variety of Meals	Receiving same meal frequently
Other	Unusual circumstances, rare concerns, communication, rethermalization equipment concerns, timeliness of meal delivery, Diet order entry

Impact Rating	Description/ Examples
Minor	<i>Site able to correct, no potential for harm</i> – missing entrée, missing lids, damaged packaging, dried out food,
Serious	<i>Potential for harm</i> – item non-compliant with allergy, moldy product, foreign object
Severe	<i>Harm confirmed</i> – patient became ill, choked or cut themselves