NUMBER OF MEALS SERVED

Community: _____

Foodservice establishment: ☐ Hospital   ☐ MSDC   ☐ Group Home   ☐ Reception Centre

MONTH/YEAR: _____

Day	Number of meals served				
	Clientele	**Employees**	**Visitors** (if applicable)	**Meals on wheels** (if applicable)	**Total per day**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total number of meals served in a month: _____