文元國小學校午餐班級配膳檢核表 (附件二)

日期： 年 月 班級： 年 班

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| 日期  檢核內容 | 打菜前(合格打) | | | | | 打菜中  (合格打) | 用餐後  (合格打) | 備註 |
| 有/無安排打菜小組 | | 是否確實洗手 | 配膳檯及週圍環境是否清潔 | 取餐時再掀開蓋子 | 無開口說話 | 配膳檯面是否擦拭整理乾淨 |
| ( 有 ) 打菜人員  配戴口罩 | ( 無 ) 生病者配  戴口罩 |
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◎麻煩各班導師叮嚀學生務必遵守檢核表列相關規定。 導師簽章：

◎每月填寫完後請繳回學校衛生組備