臺南市永康國民小學

班級午餐配膳檢核表

日期： 年 月 班級： 年 班

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| --- | --- | --- | --- | --- |
| 日期 檢核內容 | 用餐前 | 打菜時 | 用餐後 | 備註 |
| 雙手確實洗淨 | 桌面清理乾淨 | 打菜人員洗淨雙手 | 打菜人員配戴口罩和帽子 | 打菜時再掀蓋 | 打菜過程不交談 | 公用餐具清洗乾淨 | 配膳餐車整理乾淨 |
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※合格打「v」；不合格打「x」，若不合格請註明原因。 導師簽章：

※每月填寫完後請繳回午餐辦公室備查。