

EVALUATION DOCUMENT
NUTRITION SERVICES

Name: _____ Emp. ID # _____

Position: _____ Location: _____

Date Completed: _____ Evaluation Period: From _____ to _____

PERFORMANCE FACTORS	DOES NOT MEET JOB REQUIREMENTS	PARTIALLY MEETS JOB REQUIREMENTS	MEETS JOB REQUIREMENTS	COMMENTS
Personal Hygiene	Consistently out of uniform.	Uniform consistently appears dirty or wrinkled.	Clean uniform, daily hygiene (bathing), neat appearance.	
Safety	Not following safety guidelines which could result in injury.	Not following safety guidelines.	Follows all safety guidelines.	
Quality of Work	Recipes are not followed, resulting in poor quality products.	Recipes are not followed, resulting in poor presentation of products.	Follows recipes and prepares attractive, high quality products.	
Quantity of Work	Consistently requires assistance to complete tasks on time.	Occasionally requires assistance to complete tasks on time.	Completes assigned tasks on time.	
Sanitation	Not following sanitation guidelines which result in a food borne illness.	Not following sanitation guidelines.	Follows all sanitation guidelines.	

PERFORMANCE FACTORS	DOES NOT MEET JOB REQUIREMENTS	PARTIALLY MEETS JOB REQUIREMENTS	MEETS JOB REQUIREMENTS	COMMENTS
Food Safety/HACCP	Not following HACCP guidelines which may result in a food borne illness.	Not following HACCP guidelines.	Follows all HACCP guidelines and attends classes.	
Attendance	Employee misses more that 12 days.	Employee misses 9-12 days.	Employee misses 4-8 days.	
Customer Service	Repeated complaints regarding employee.	Rude behavior observed by manager.	Meeting needs of customers in a mannerly way.	

EVALUATOR'S COMMENTS:

EMPLOYEE'S COMMENTS:

Supervisor Signature _____ Supervisor ID # _____ Date _____

Employee Signature _____ Employee ID # _____ Date _____