
Transportation, Smoking, Activity and Food Service Audit

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| --- | --- |
| Program Name: | Date: |

**TRANSPORTATION**

Vehicle Provided/Marketed \_\_\_ YES \_\_\_ NO

Number of Vehicles Used \_\_\_\_\_\_\_\_\_

Passenger Seats Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver(s) License \_\_\_ Chauffeur’s Class D

 \_\_\_ CDL

 \_\_\_ Other

Vehicle Inspection \_\_\_ Communication

 \_\_\_ Fire Extinguisher

 \_\_\_ First Aid

 \_\_\_ Triangles

**SMOKING NOTIFICATION POSTING**

No smoking signs on all exterior doors \_\_\_ YES \_\_\_ NO

No smoking signs on program vehicles \_\_\_ YES \_\_\_ NO

**ACTIVITIES**

Activity Director/Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities for tenants with Dementia \_\_\_ YES \_\_\_ NO

Complaints re: Activities \_\_\_ YES \_\_\_ NO

**FOOD SERVICE**

Dietary Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Approved Food Safety and Sanitation Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menus Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diets Therapeutic: \_\_\_ YES \_\_\_ NO

Food License \_\_\_ YES \_\_\_ NO