**Meal Time Out Form**

**Circle one:** Breakfast Lunch Supper

**Nurse/TMA that is present during mealtime:**

**Date: Time:**

 **Is Everyone Present:**

*If no who is missing and why:*

**Cleaning Completed Prior to Mealtime:**

*If no then was it completed after time out?*

**Any new residents to discuss:**

**Who is on the IDDSI diet:**

**LET’S REVIEW THE MEAL CHOICES TOGETHER**

*Is the meal choices appropriate for their diet?*

**Everyone have their cell phones put away:**

**Everyone agree to use diet cards, use hand hygiene between residents, and offer resident hand hygiene before their meal is served to them?**

**Meal Time Out Ended at:**

**Nurse/TMA initials:**

**Complete this form at EVERY meal and turn into household coordinator.**

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