

ASP Production Record

School/Site: _____ Week of: _____

	Check (✓) the components for each day (check 2)	Menu	Serving Size	Food Temp	Amount Prepared	# of Students Served	# of Adults Served
Monday	<input type="checkbox"/> 1 oz Meat <input type="checkbox"/> 1/2 pt Milk <input type="checkbox"/> Fruit/Veg <input type="checkbox"/> Grain						
Tuesday	<input type="checkbox"/> 1 oz Meat <input type="checkbox"/> 1/2 pt Milk <input type="checkbox"/> Fruit/Veg <input type="checkbox"/> Grain						
Wednesday	<input type="checkbox"/> 1 oz Meat <input type="checkbox"/> 1/2 pt Milk <input type="checkbox"/> Fruit/Veg <input type="checkbox"/> Grain						
Thursday	<input type="checkbox"/> 1 oz Meat <input type="checkbox"/> 1/2 pt Milk <input type="checkbox"/> Fruit/Veg <input type="checkbox"/> Grain						
Friday	<input type="checkbox"/> 1 oz Meat <input type="checkbox"/> 1/2 pt Milk <input type="checkbox"/> Fruit/Veg <input type="checkbox"/> Grain						