FUNDACIÓN INSTITUCIÓN ANTONIO NARIÑO
Contrato N°47001282023
Modalidad desarrollo Infantil en Medio Familiar
Santa Marta- Magdalena

# FORMATO DE EVALUACIÓN DE TRANSPORTE DE ALIMENTOS

**Mes:** NOV

**G.A** [illegible]

| ASPECTO A EVALUAR | SEMANA 1 | | | | | | | | | | SEMANA 2 | | | | | | | | | | SEMANA 3 | | | | | | | | | | SEMANA 4 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DÍAS DE LA SEMANA | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | |
| C: Cumple NC: No cumple | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC |
| Los alimentos son transportados en vehículos adecuados a la necesidad | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| El vehículo que transporta los alimentos se observa en condiciones óptimas sanitarias | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| El vehículo es usado únicamente para transportar alimentos | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| Los manipuladores-transportadores usan indumentaria adecuada | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| El servicio de transporte cumple con lo solicitado en la orden de compra | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| El servicio cumple con el horario establecido para la entrega de los alimentos | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |

Firma Responsable de salud

Firma Responsable de la UDS

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# FORMATO DE CONTROL EN EL PROCESO RECIBO /ALMACENAMIENTO DE ALIMENTOS

**Mes:** NOV **G.A** Transición

| ASPECTO A EVALUAR | SEMANA 1 | | | | | | | | | | SEMANA 2 | | | | | | | | | | SEMANA 3 | | | | | | | | | | SEMANA 4 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DÍAS DE LA SEMANA | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | | M | | MI | | J | | V | | S | |
| C: Cumple NC: No cumple | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC | C | NC |
| El espacio para el recibido en el almacenamiento se encuentra en adecuadas condiciones higiénicos sanitarias | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| Los alimentos se encuentran almacenados adecuadamente que impiden el contacto directo con el suelo | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| El menaje se observa en óptimas condiciones higiénicas sanitarias | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| La cantidad de alimentos son acorde a lo establecido en la minuta patrón | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| La fecha de vencimiento de los alimentos se encuentran vigentes | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |
| Los empaques de los alimentos se encuentran sellados y en buen estado | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | | ✓ | | ✓ | | ✓ | | | | | |

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