

Dishware-Silverware Tracking Sheet

Center: _____ Date: _____

In each box, indicate the number of lost items that needed to be replaced each day. Total the loss at the end of each week.

Breakfast, Snack, Lunch	9" Plates	6" Plates	5oz Bowls	10oz Bowls	Cups	Spoons	Forks	Knives	Serving Spoons	Serving Bowls
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
TOTAL LOST										

Food Services Assistant Signature: _____