

**12 FOODSERVICE UNIT AND DININGHALLS PLANNING PROJECT SUMMARY**

**12.1 Food Provision services**.....

Management Philosophy .....

**12.2 Name of Hospital/Institution**.....

**12.3 Type of Food Preparation Systems(s)** .....

**12.4 Type of food service system(s)**.....

**12.5 Type of menu(s)**.....

**12.6 Type of client that must be served by the food service unit**

| Type of Client  | Number of Meals and beverages/24 hour |   |    |   |    |   |    |   |
|---|---------------------------------------|---|----|---|----|---|----|---|
|   | T1                                    | B | T2 | L | T3 | S | T4 | M |
| Patients/Clients  |                                       |   |    |   |    |   |    |   |
| Resident Personnel*   |                                       |   |    |   |    |   |    |   |
| Non-Resident Personnel*                                     |                                       |   |    |   |    |   |    |   |
| Infants, Toddlers and Children in Crèche and Nursery School |                                       |   |    |   |    |   |    |   |
| Other:  |                                       |   |    |   |    |   |    |   |
| <b>TOTAL</b>  |                                       |   |    |   |    |   |    |   |

**Summary:**.....Meals Total/Day  
 .....Beverages Total/Day

T1 = Early morning beverages

T2 = Morning Beverages

T3 = Afternoon beverages

T4 = Late night Beverages

Professional and non-professional personnel

B = Breakfast

L = Lunch

S = Supper

M = Midnight Meal

**12.7 Project Requirements**

Number of food services units required

Number of Dining halls required

Number of patient wards/client divisions required

Number of ward kitchens/divisional kitchens required for patients/clients

Number of refreshment rooms required For personnel

Other (specify) e.g. Crèche

|  |  |  |
|--|--|--|
|  | Number of wash/change facilities required                      |  |
|  | Number of toilet facilities required                           |  |
|  | Number of shower facilities required                           |  |
|  | Number of dietetic consultation points (office space) required |  |
|  | Other  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### 12.7.1 Specified project requirements

#### 12.7.1.1

| SPECIFIED FOOD SERVICE UNITS | NUMBER OF MEALS |
|------------------------------|-----------------|
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |

#### 12.7.1.2

| SPECIFIED DININGHALLS | MAXIMUM PER SESSION | NUMBER OF SESSIONS |
|-----------------------|---------------------|--------------------|
|                       |                     |                    |
|                       |                     |                    |
|                       |                     |                    |
|                       |                     |                    |
|                       |                     |                    |

#### 12.7.1.3

| SPECIFIED PATIENT WARDS/CLIENT DIVISIONS |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Wards/Divisions                          |  |  |  |  |  |  |  |  |
| Number of Beds                           |  |  |  |  |  |  |  |  |
| Number of Ward-/Divisional Kitchens      |  |  |  |  |  |  |  |  |
| Number of refreshments rooms             |  |  |  |  |  |  |  |  |

|                                     |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|
| Wards/Divisions                     |  |  |  |  |  |  |  |  |
| Number of Beds                      |  |  |  |  |  |  |  |  |
| Number of Ward-/Divisional Kitchens |  |  |  |  |  |  |  |  |
| Number of refreshments rooms        |  |  |  |  |  |  |  |  |

|                                     |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|
| Wards/Divisions                     |  |  |  |  |  |  |  |  |
| Number of Beds                      |  |  |  |  |  |  |  |  |
| Number of Ward-/Divisional Kitchens |  |  |  |  |  |  |  |  |
| Number of refreshments rooms        |  |  |  |  |  |  |  |  |

#### 12.7.1.4

| SPECIFIED DIETETIC CONSULTATION POINTS (CP) |             |                   |
|---|-------------|-------------------|
| TYPE OF CP                                  | OUTPATIENTS | INTERNAL MEDICINE |
| Number of Patients/Clients                  |             |                   |
| Number of CP                                |             |                   |

| TYPE OF CP         | PADIATRICS | SURGERY | OTHER |
|--------------------|------------|---------|-------|
| Number of Patients |            |         |       |
| Number of CP       |            |         |       |

#### Specified wash-, change- and toilet facilities (refer to paragraph 11.12.3)

| TYPE & NUMBER          | WASH/SHOWER | CHANGE | TOILET |
|------------------------|-------------|--------|--------|
| General Personnel      | M           |        |        |
|                        | F           |        |        |
| Professional Personnel | M           |        |        |
|                        | F           |        |        |
| Clients                | M           |        |        |
|                        | F           |        |        |

**Act on Machinery and Occupational Safety (Act 6 of 1983) is applicable.**

**COMPILED BY:**

**CHECKED AND APPROVED BY:**

**NAME** :.....

**Name** :.....

**SIGNATURE** :.....

**SIGNATURE** : .....

**DESIGNATION** :.....

**DESIGNATION** : .....

**DATE** :.....

**DATE** : .....