

Cafeteria Food Evaluation Form

Name of Evaluator: _____

Date of Visit: _____

Time of Meal: _____

Cafeteria Location: _____

Please rate the following aspects of the cafeteria food:

(1 = Poor, 5 = Excellent)

1. Quality of Food: [1] [2] [3] [4] [5]
2. Freshness of Ingredients: [1] [2] [3] [4] [5]
3. Variety of Menu Options: [1] [2] [3] [4] [5]
4. Cleanliness of Cafeteria: [1] [2] [3] [4] [5]
5. Staff Friendliness: [1] [2] [3] [4] [5]

Table for Detailed Feedback:

Category	Comments	Suggested Improvements	Rating (1-5)
Taste			[]
Presentati on			[]
Portion Size			[]
Value for Money			[]

Would you recommend this cafeteria to others?

Yes []

No []

Additional Comments:
