

**Facility Evaluation for the  
Hot Food Cart System**

1. How many patients are provided with food service at your facility?

---

2. Describe your current meal delivery system.

---

---

---

---

3. What are the challenges with your present meal delivery system?

For the patients:

---

---

---

For the staff:

---

---

---

For management:

---

---

---

4. Why do you want to change it?

---

---

---

---

5. How far away is the kitchen from the patients?

---

6. How many staff are available during meal service for serving the patients?  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you feel there would be a concern pushing a 30" wide x 35" high x 37" long cart through or around the facility?  
\_\_\_\_\_

8. Is there an area where the cart could be store inside or outside the kitchen in-between meal service?  
\_\_\_\_\_

9. What power source would be more practical for your facility – 208 or 240 V?  
\_\_\_\_\_

10. What other questions do you have about the Hot Food Cart System?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax this form back to Suzy Q Menu Concepts for a facility evaluation for the Hot Food Cart System.  
Fax #: (604) 855-3776