
Soldier's Manual and Trainer's Guide

MOS 68M

Nutrition Care Specialist

Skill Levels 1/2/3/4/5

with

Readiness Requirements

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Preface

This publication is for skill levels 1, 2, 3, 4, and 5, including readiness requirements, for Soldiers holding military occupational specialty 68M, and for trainers and first-line supervisors. It contains standardized training objectives, in the form of task summaries, to train and evaluate Soldiers on critical tasks that support unit missions during wartime. Trainers and first-line supervisors should ensure Soldiers have access to this publication. This Soldier training publication is available for download from the Central Army Registry.

According to AR 25-30, the use of trade or brand names of products should be avoided. Instead, the use of a standard Army nomenclature, specifications, or generic category when referring to a product is recommended. The task conditions and standards found in the Training Development Capability website for Soldier training publications have not changed in this publication; however, standard Army nomenclature, specifications, or generic category are used in lieu of brand names of products used in the individual critical task lists.

This publication applies to the Active Army, the Army National Guard, and the United States Army Reserve unless otherwise stated.

The proponent of this publication is the United States Army Training and Doctrine Command. The preparing agency of STP 8-68M15-SM-TG is the United States Army Medical Center of Excellence, Directorate of Training and Doctrine, Doctrine Literature Division. Send comments and recommendations on DA Form 2028 (*Recommended Changes to Publications and Blank Forms*) directly to usarmy.jbsa.medical-coe.mbx.dotd-tngpubs@army.mil or to Commander, United States Army Medical Center of Excellence, ATTN: ATMC-DTC-M, 2377 Greeley Road, Suite B, Joint Base San Antonio Fort Sam Houston, Texas 78234-7731.

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Chapter 1

Introduction

1-1. General.

This Soldier training publication (STP) identifies the individual military occupational specialty (MOS) training requirements for Soldiers in MOS 68M. Another source of STP task data is the [Central Army Registry](#) at the Army Training (and Education) Network. Commanders, trainers, and Soldiers should use the STP to plan, conduct, and evaluate individual training in units. In conjunction with training publication ADP 7-0, Soldier's manual of common tasks STP 21-1-SMCT, and collective training products, the STP establishes effective training plans and programs that integrate leaders, Soldiers, and collective tasks. This chapter explains how to use the STP in establishing an effective individual training program and describes doctrinal principles and their implications outlined in ADP 7-0. Based on these guidelines, commanders and unit trainers must tailor the information to meet the requirements for their specific unit.

1-2. Training Requirement.

Every Soldier, noncommissioned officer (NCO), and officer has one primary mission—to be trained and ready to fight and win our nation's wars. Success in battle does not happen by accident; it is a direct result of tough, realistic, and challenging training.

a. Operational Environment.

(1) An operational environment is a composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the decisions of the commander. An operational environment encompasses physical areas of the air, land, maritime, space, and cyberspace domains as well as the information environment (which includes cyberspace), the electromagnetic spectrum, and other factors.

(2) The current operational environment faced by our forces presents enormous challenges to operate across the competition continuum. Factors that affect operations extend beyond the boundaries of a commander's assigned area of operations. Commanders and their staffs must develop and maintain a thorough understanding of their particular operational environment. Real world planning considerations for conducting large-scale combat operations are focused against adversaries. Peer threats can employ resources across multiple domains to create lethal operational environments. Large-scale combat operations are sustained combat operations involving multiple corps and divisions. They present the greatest challenge for Army forces.

(3) Army forces must be organized, trained, and equipped to meet worldwide challenges against a full range of threats. The Army accomplishes its mission by supporting the joint force in its strategic roles. Within each phase of a joint operation, the Army's operational concept of unified land operations guides how Army forces conduct operations. In large-scale combat operations, Army forces combine offensive, defensive, and stability tasks to seize, retain, and exploit the initiative in order to shape operational environments, prevent conflict, prevail in large-scale ground combat operations, and consolidate gains in support of the joint force and unified action partners. The Army's primary mission is to conduct prompt and sustained land combat to defeat enemy ground forces and seize, occupy, and defend land areas. The ability to deploy the right combination of Army forces to the right place at the right time requires unit leadership focused on the training and readiness essential to a successful deployment.

(4) Training is the most important thing the Army does to prepare for operations. It is the cornerstone of combat readiness and the foundation for successful operations. Effective training must be commander driven, rigorous, and realistic and conducted to the standard and under the conditions units expect to operate in during combat. Units execute effective individual and collective training based on the Army's principles of training. Through training and leader development, units achieve the tactical and technical competence that builds confidence and allows them to conduct successful operations across the competition continuum.

(5) A chemical, biological, radiological, and nuclear (CBRN) event could potentially occur during both military combat and peacetime operations. To assist commanders and leaders in unit training, CBRN-related information should be included in United States Army Medical Center of Excellence collective training. Even though most collective tasks within an MOS training plan may support a CBRN event, those tasks that will most directly be impacted must be clearly identified with a statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRN EVENT." These collective tasks and any supporting individual tasks in this Soldier's manual should be considered for special training emphasis.

(6) Leaders at all echelons should actively seek training opportunities that directly involve the Regular Army, United States Army Reserve, the Army National Guard, combat training centers, joint Services, and unified action partners. Training individual tasks occurs in the institutional, operational, and self-development training domains. Individual skill proficiency is the basis for collective task proficiency.

b. How the Army Trains.

(1) Training is a team effort and the entire Army—Department of the Army and major commands, the institutional training bases, organizational units, the combat training centers, each individual Soldier, and the Civilian workforce—has a role that contributes to force readiness. Department of the Army and major commands are responsible for resourcing the Army to train. The Institutional Army, including schools, training centers, and NCO academies, for example, train Soldiers and leaders to take their place in units in the Army by teaching doctrine tactics, techniques, and procedures. Units, leaders, and individuals train to standard on their assigned critical individual tasks. The unit trains first as an organic unit and then as an integrated component of a team. Before the unit can be trained to function as a team, Soldiers must be trained to perform their individual supporting tasks to standard. Operational deployments and major training opportunities, such as major training exercises, combat training centers, and combined arms training strategy evaluations provide rigorous, realistic, and stressful training and operational experience under actual or simulated combat and operational conditions to enhance unit readiness and produce bold, innovative leaders. The result of this Army-wide team effort is a training and leader development system that is unrivaled in the world. Effective training produces Soldiers and leaders who can successfully execute any assigned mission.

(2) The Army Training and Leader Development Model centers on developing trained and ready units led by competent and confident leaders. The model depicts an important dynamic that creates a lifelong learning process. The three core domains that shape the critical learning experiences throughout a Soldier's and leader's time span are the institutional, operational, and self-development domains. Together, these domains interact using feedback and assessment from various sources and methods to maximize warfighting readiness. Each domain has specific, measurable actions that must occur to develop our leaders (see figure 1-1 on page 1-3).

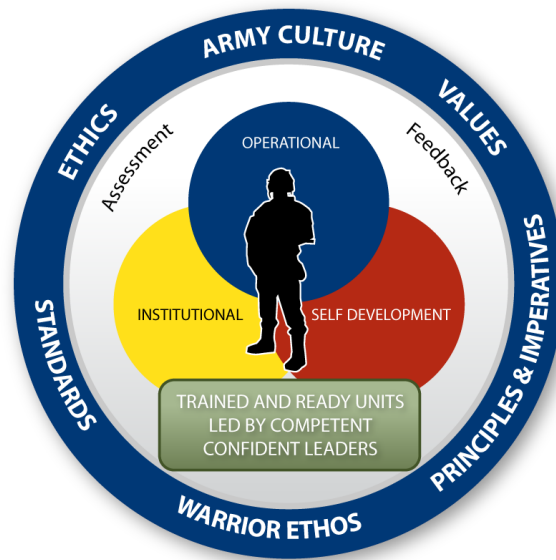


Figure 1-1. Army Training and Leader Development Model

- The institutional domain focuses on educating and training Soldiers and leaders on the key knowledge, skills, and attributes required to operate in any environment. It includes individual, unit, and joint schools and advanced education.
- The operational domain includes home station training, combat training center rotations, and joint training exercises and deployments that satisfy national objectives. Each of these actions provides foundational experiences for Soldier, leader, and unit development.
- The self-development domain, both structured and informal, focuses on taking those actions necessary to reduce or eliminate the gap between operational and institutional experiences.

(3) Throughout this lifelong learning and experience process, there is formal and informal assessment and feedback of performance to prepare leaders and Soldiers for their next level of responsibility. Assessment is the method used to determine the proficiency and potential of leaders against a known standard. Feedback must be clear, formative guidance directly related to the outcome of training events measured against standards.

c. Leader Training and Leader Development.

(1) Competent and confident leaders are a prerequisite to the successful training of units. It is important to understand that leader training and leader development are integral parts of unit readiness. Leaders are inherently Soldiers first and should be technically and tactically proficient in basic Soldier skills. They are also adaptive and capable of sensing their environment, adjusting the plan when appropriate, and properly applying the proficiency acquired through training.

(2) Leader training is an expansion of these skills that qualifies them to lead other Soldiers. As such, doctrine and principles of training require the same level of attention from senior commanders. Leader training occurs in the Institutional Army, the unit, the combat training centers, and through self-development. Leader training is just one portion of leader development.

(3) Leader development is the deliberate, continuous, sequential, and progressive process grounded in Army values that grows Soldiers and Department of the Army Civilians into competent and confident leaders capable of decisive action. Leader development is achieved through the lifelong synthesis of the knowledge, skills, and experiences gained through institutional training and education, organizational training, operational experience, and self-development. Commanders play a key role in leader development that ideally produces technically and tactically competent, confident, and adaptive leaders. These leaders act with boldness and initiative in dynamic, complex situations to execute mission-type orders achieving the commander's intent.

(4) The life cycle management diagram combined with the 68M MOS training plan forms the Soldier's career development model. This information, combined with the MOS training plan in chapter 2, forms the career development model for the MOS.

d. Training.

(1) Soldier and leader training and development continue in the unit. Using the institutional foundation, training in organizations and units focuses and hones individual and team skills and knowledge.

(2) Commander Responsibility.

(a) The unit commander is responsible for the wartime readiness of all elements in the formation. The commander is, therefore, the primary trainer in the organization and is responsible for ensuring all training conducted is in accordance with the STP and to the Army standard.

(b) Commanders ensure STP standards are met during all training. If a Soldier fails to meet established standards for identified MOS tasks, the Soldier must retrain until the tasks are performed to standard. Training to standard on MOS tasks is more important than completion of a unit training event such as combined arms training strategy evaluation. The objective is to focus on sustaining MOS proficiency—this is the critical factor commanders must adhere to when training individual Soldiers in units.

(3) NCO Responsibility.

(a) A great strength of the Army is its professional NCO Corps that takes pride in being responsible for the individual training of Soldiers, crews, and small teams. The NCO support channel parallels and complements the chain of command. It is a channel of communication and supervision from the command sergeant major to the first sergeants and then to other NCOs and enlisted personnel within an organization. The NCOs train Soldiers to the non-negotiable standards published in STPs. Commanders delegate authority to NCOs in the support channel as the primary trainers of individual, crew, and small team training. Commanders hold NCOs responsible for conducting standards-based, performance-oriented, battle-focused training and providing feedback on individual, crew, and team proficiency. Commanders define the responsibilities and authority of NCOs to their staffs and subordinates.

(b) Professional development programs enhance the individual's career through developmental assignments, experiential learning, continuing education, attendance in workshops and seminars, and working with experienced professionals. Professional programs strengthen and augment the employee's skills while building their expertise. A career map of these professional programs is available for every Soldier by accessing the [Army Career Tracker](#), selecting My Planner, and clicking on the button labeled Printable Career Map.

(c) The NCOs continue the Soldierization process of newly assigned enlisted Soldiers and begin their professional development. The NCOs are responsible for conducting

standards-based, performance-oriented, battle-focused training. They identify specific individual, crew, and small team tasks that support the unit's collective mission-essential tasks; plan, prepare, rehearse, and execute training; and evaluate training and conduct after action reviews to provide feedback to the commander on individual, crew, and small team proficiency. Senior NCOs coach junior NCOs to master a wide range of individual tasks.

(4) Soldier Responsibility.

(a) Each Soldier is responsible for performing individual tasks identified by the first-line supervisor based on the unit's mission-essential task list. Soldiers must perform tasks to the standards included in the task summary. If Soldiers have questions about tasks or about which tasks in this manual they must perform, they are responsible for asking their first-line supervisor for clarification, assistance, and guidance.

(b) First-line supervisors know how to perform each task or can direct Soldiers to appropriate training materials, including current field manuals, technical manuals, and Army regulations. Soldiers are responsible for using these materials to maintain proficiency. They are also responsible for maintaining standard performance levels of all Soldier's manuals of common tasks at their current skill level and below. Periodically, Soldiers should ask their supervisor or another Soldier to check their performance to ensure they can perform the tasks.

1-3. Battle-Focused Training.

Battle focus is a concept used to derive peacetime training requirements from assigned and anticipated missions. Battle focus is applied to all missions across the competition continuum. The priority of training in units is to train to standard on the wartime mission. Battle focus guides the planning, preparation, execution, and assessment of each organization's training program to ensure its members train as they are going to fight. Battle focus is critical throughout the entire training process and is used by commanders to allocate resources for training based on wartime and operational mission requirements. Battle focus enables commanders and staffs at all echelons to structure a training program that copes with non-mission-related requirements while focusing on mission-essential training activities. It is recognized that a unit cannot attain proficiency to standard on every task whether due to time or other resource constraints. However, unit commanders can achieve a successful training program by consciously focusing on a reduced number of mission-essential task list tasks that are essential to mission accomplishment.

a. Linkage between mission-essential task list and STP. A critical aspect of the battle-focus concept is to understand the responsibility for and the linkage between the collective mission-essential tasks and the individual tasks that support them. For example, the commander and the command sergeant major or first sergeant must jointly coordinate the collective mission-essential tasks and supporting individual tasks on which the unit will concentrate its efforts during a given period. This task hierarchy is provided in the task database in the Central Army Registry. The command sergeant major or first sergeant must select the specific individual tasks that support each collective task to be trained. Although NCOs have the primary role in training and sustaining individual Soldier skills, officers at every echelon remain responsible for training to established standards during both individual and collective training.

b. Relationship of STPs to battle-focused training. The two key components of any STP are the Soldier's manual and trainer's guide. Each component gives leaders important information to help implement the battle-focused training process. The trainer's guide relates Soldier and leader tasks in the MOS and skill level to duty positions and equipment. It states where the task is trained, how often training should occur to sustain proficiency, and which unit should be

trained. As leaders assess and plan training, they should rely on the trainer's guide to help identify training needs.

(1) Leaders conduct and evaluate training based on Army-wide training objectives and on the task standards published in the Soldier's manual task summaries or in the Central Army Registry. The task summaries ensure trainers—

- Define task standards the same way.
- Evaluate all Soldiers to the same standards.

(2) Table 1-1 demonstrates how battle-focused training relates to the Soldier's manual and trainer's guide:

- The left column shows the steps involved in training Soldiers.
- The right column shows how the STP supports each of these steps.

Table 1-1. Relationship of battle-focused training and STP

Battle-Focused Process	STP Support Process
Select supporting Soldier tasks	Use TG to relate tasks to METL
Conduct training assessment	Use TG to define what Soldier tasks to assess
Determine training objectives	Use TG to set objectives
Determine strategy; plan for training	Use TG to relate Soldier tasks to strategy
Conduct precombat checks	Use SM task summary as source for task performance
Execute training; conduct after action review	Use SM task summary as source for task performance
Evaluate training against established standards	Use SM task summary as standard for evaluation
Legend: METL mission-essential task list STP Soldier training publication SM Soldier's manual TG trainer's guide	

1-4. Task Summary Format.

Task summaries outline the wartime performance requirements of each critical task in the Soldier's manual. They provide the Soldiers and the trainer with the information necessary to prepare, conduct, and evaluate critical task training. At a minimum, task summaries include information the Soldiers must know and the skills they must perform to standards for each task. The task summaries included in this Soldier's manual follow a specific format.

- a. Task Title. The task title identifies the action to be performed.
- b. Task Number. A 10-digit number identifies each task or skill. This task number, along with the task title, must be included in any correspondence pertaining to the task.
- c. Conditions. The task conditions identify all the equipment, tools, references, job aids, and supporting personnel the Soldier needs to use to perform the task in wartime. This section identifies any environmental conditions that can alter task performance, such as visibility,

temperature, or wind. This section also identifies any specific cues or events that trigger task performance, such as a chemical attack or identification of a threat vehicle.

d. Standards. The task standards describe how well and to what level the task must be performed under wartime conditions. Standards are typically described in terms of accuracy, completeness, and speed.

e. Performance Steps. This section includes a detailed outline of information on how to perform the task. Additionally, some task summaries include safety statements and notes. Safety statements (danger, warning, and caution) alert users to the possibility of immediate death, personal injury, or damage to equipment.

f. Evaluation Preparation (when used). This subsection indicates necessary modifications to task performance in order to train and evaluate a task that cannot be trained to the wartime standard under wartime conditions. It may also include special training and evaluation preparation instructions to accommodate these modifications and any instructions that should be given to the Soldier before evaluation.

g. Performance Measures. This evaluation guide identifies the specific actions the Soldier must do to successfully complete the task. These actions are listed in a GO/NO GO format for easy evaluation. Each evaluation guide contains an evaluation guidance statement that indicates the requirements for receiving a GO on the evaluation.

h. References. This section identifies references that provide more detailed and thorough explanations of task performance requirements than those given in the task summary description.

1-5. Training Execution.

All good training, regardless of the specific collective, leader, and individual tasks being executed, must comply with certain common requirements. These include adequate preparation, effective presentation and practice, and thorough evaluation. The execution of training includes preparation for training, conduct of training, and recovery from training.

a. Preparation for Training. Formal near-term planning for training culminates with the publication of the unit training schedule. Informal planning, detailed coordination, and preparation for executing the training continue until the training is performed. Commanders and other trainers use training meetings to assign responsibility for preparation of all scheduled training. Preparation for training includes selecting tasks to be trained, planning the conduct of the training, training the trainers, reconnaissance of the site, issuing the training execution plan, and conducting rehearsals and precombat checks. Precombat checks are preliminary actions commanders and trainers use to identify responsibility for these and other training support tasks. They are used to monitor preparation activities and follow up to ensure planned training is conducted to standard. Precombat checks are a critical portion of any training meeting. During preparation for training, battalion and company commanders identify and eliminate potential training distracters that develop within their own organizations. They also stress personnel accountability to ensure maximum attendance at training.

(1) Subordinate leaders, as a result of the bottom-up feed from internal training meetings, identify and select the individual tasks necessary to support the identified training objectives. Commanders develop the tentative plan to include requirements for preparatory training, concurrent training, and training resources. At a minimum, the training plan should include confirmation of training areas and locations, training ammunition allocations, training simulations and simulators availability, transportation requirements, Soldier support items, a risk management analysis, assignment of responsibility for the training, designation of trainers

responsible for approved training, and final coordination. The time and other necessary resources for retraining must also be an integral part of the original training plan.

(2) Leaders, trainers, and evaluators are identified, trained to standard, and rehearsed prior to the conduct of the training. Leaders and trainers are coached on how to train, given time to prepare, and rehearsed, so training will be challenging and doctrinally correct. Commanders ensure trainers and evaluators are not only tactically and technically competent on their training tasks but also understand how the training relates to the organization's mission-essential task list. Properly prepared trainers, evaluators, and leaders project confidence and enthusiasm to those being trained. Trainer and leader training is a critical event in the preparation phase of training. These individuals must demonstrate proficiency on the selected tasks prior to the conduct of training.

(3) Commanders, with their subordinate leaders and trainers, conduct site reconnaissance, identify additional training support requirements, and refine and issue the training execution plan. The training plan should identify all those elements necessary to ensure the training is conducted to standard. Rehearsals are essential to the execution of good training. Realistic, standards-based, performance-oriented training requires rehearsals for trainers, support personnel, and evaluators. Preparing for training in United States Army Reserve organizations can require complex precombat checks. United States Army Reserve trainers must often conduct detailed coordination to obtain equipment, training support system products, and ammunition from distant locations. In addition, United States Army Reserve precombat checks may be required to coordinate Regular Army assistance from the numbered continental United States training support divisions and directed training affiliations.

b. Conduct of Training. Ideally, training is executed using the crawl-walk-run approach. This allows and promotes an objective, standards-based approach to training. Training starts at the basic level. Crawl events are relatively simple to conduct and require minimum support from the unit. After the crawl stage, training becomes incrementally more difficult requiring more resources from the unit and home station and increasing the level of realism. At the run stage, the level of difficulty for the training event intensifies. Run stage training requires optimum resources and ideally approaches the level of realism expected in combat. Progression from the walk to the run stage for a particular task may occur during a one-day training exercise or may require a succession of training periods over time. Achievement of the Army standard determines progression between stages.

(1) In crawl-walk-run training, the tasks and the standards remain the same; however, the conditions under which they are trained change. Commanders may change the conditions, for example, by increasing the difficulty of the conditions under which the task is being performed, by increasing the tempo of the task training, by increasing the number of tasks being trained, or by increasing the number of personnel involved in the training. Whichever approach is used, it is important that all leaders and Soldiers involved understand in which stage they are currently training and understand the Army standard.

(2) An after action review is immediately conducted and may result in the need for additional training. Any task not conducted to standard should be retrained. Retraining should be conducted at the earliest opportunity. Commanders should program time and other resources for retraining as an integral part of their training plan. Training is incomplete until the task is trained to standard. Soldiers will remember the standard enforced not the one discussed.

c. The training recovery process is an extension of training, and once completed, it signifies the end of the event. At a minimum, recovery includes conducting maintenance training, turning

in training support items, and conducting after action reviews of the overall effectiveness of the training just completed.

(1) Maintenance training is the conducting of post-operations preventive maintenance checks and services, accountability of organizational and individual equipment, and final inspections. Class IV, Class V, training aids, devices, simulators, simulations, and other support items are maintained, accounted for, and turned in. Once all these have been accomplished, training sites and facilities are closed out.

(2) After action reviews conducted during recovery focus on collective, leader, and individual task performance as well as the planning, preparing, and conducting of the training just completed. Unit after action reviews focus on individual and collective task performance, and they identify shortcomings and the training required to correct deficiencies. After action reviews with leaders focus on tactical judgment. These after action reviews contribute to leader learning and provide opportunities for leader development. After action reviews with trainers and evaluators provide additional opportunities for leader development.

1-6. Training Assessment.

Assessment is the commander's responsibility. It is the commander's judgment of the organization's ability to accomplish its wartime operational mission. Assessment is a continuous process that includes evaluating individual training, conducting an organizational assessment, and preparing a training assessment. Commanders use their experience, feedback from training evaluations, and other evaluations and reports to arrive at their assessment. Assessment is both the end and the beginning of the training management process. Training assessment is more than just training evaluation, and it encompasses a wide variety of inputs. Assessments include such diverse systems as training, force integration, logistics, and personnel and provide the link between the unit's performance and the Army standard. Evaluation of training is, however, a major component of assessment. Training evaluations provide the commander with feedback on the demonstrated training proficiency of Soldiers, leaders, staffs, and units. Commanders cannot personally observe all training in their organization; therefore, they gather feedback from their senior staff officers and NCOs.

a. Evaluation of Training. Training evaluations are a critical component of any training assessment. Evaluation measures the demonstrated ability of Soldiers, commanders, leaders, staffs, and units against the Army standard. Evaluation of training is integral to standards-based training and is the cornerstone of leader training and leader development. The STPs describe standards that must be met for each Soldier task.

(1) All training must be evaluated to measure performance levels against the established Army standard. The evaluation can be as fundamental as an informal, internal evaluation performed by the leader conducting the training. Evaluation is conducted specifically to enable the individual undergoing the training to know whether the training standard has been achieved. Commanders must establish a climate that encourages candid and accurate feedback for the purpose of developing leaders and trained Soldiers.

(2) Evaluation of training is not a test; it is not used to find reasons to punish leaders and Soldiers. Evaluation tells Soldiers whether they achieved the Army standard and, therefore, assists them in determining the overall effectiveness of their training plans. Evaluation produces disciplined Soldiers, leaders, staffs, and units. Training without evaluation is a waste of time and resources.

(3) Evaluations are used by leaders as an opportunity to coach and mentor Soldiers. A key element in developing leaders is immediate, positive feedback that coaches and leads

subordinate leaders to achieve the Army standard. This is a tested and proven path to develop competent and confident adaptive leaders.

b. Evaluators. Commanders must plan for formal evaluation and must ensure the evaluators are trained. These evaluators must also be trained as facilitators to conduct after action reviews that elicit maximum participation from those being trained. External evaluators will be certified in the tasks they are evaluating and normally will not be dual hatted as a participant in the training being executed.

c. Role of Commanders and Leaders. Commanders ensure evaluations take place at each echelon in the organization. Commanders use this feedback to teach, coach, and mentor their subordinates. They ensure every training event is evaluated as part of training execution and every trainer conducts evaluations. Commanders use evaluations to focus command attention by requiring evaluation of specific mission-essential and battle tasks. They also use evaluation information to develop appropriate lessons learned for distribution throughout their commands.

d. After Action Review. The after action review, whether formal or informal, provides feedback for all training. It is a structured review process that allows participating Soldiers, leaders, staffs, and units to discover what happened during the training, why it happened, and how it can be done better. The after action review is a professional discussion that requires the active participation of those being trained.

1-7. Training Support.

The following sections of this manual provide additional information regarding acronyms, terminology, and cited references.

a. Glossary. The glossary, which follows chapter three, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.

b. References. This section contains two lists of references, required and related, that support training of all tasks in this Soldier's manual. Required references are listed in the conditions statement and are required for the Soldier to do the task. Related references are materials that provide detailed information and a more thorough explanation of task performance.

Chapter 2

Trainer's Guide

2-1. Readiness Requirements.

The readiness requirements are tasks that have been identified by the MOS-specific proponent at the Medical Center of Excellence as essential for preparing Soldiers for deployment. The readiness requirements tasks are a part of the complete MOS critical performance list, but special emphasis must be put on these tasks to ensure the Soldiers are obtaining the skills crucial to missions that contribute to lethality. The readiness requirements tasks are identified in each MOS. The task title, appropriate skill level, frequency of training, and training location are also provided. The tasks can be tracked for individual or unit accountability. The readiness requirements tasks can be used as an individual or collective training assessment tool for preparing and sustaining a Soldier's skills.

2-2. General.

The MOS training plan identifies the essential components of a unit training plan for individual training. Units have different training needs and requirements based on differences in environment, location, equipment, dispersion, and similar factors. Therefore, the MOS training plan should be used as a guide—not a rigid standard—for conducting unit training. The MOS training plan consists of two parts. Each part is designed to assist the commander in preparing a unit training plan that satisfies integration, cross-training, training-up, and sustainment training requirements for Soldiers in the MOS. The MOS training plan shows the relationship of an MOS skill level between duty position and critical tasks. These critical tasks are grouped by task commonality into subject areas:

- **Subject Area.** This column lists the subject area number and title.
- **Task Number.** This column lists the task numbers for all tasks included in the subject area.
- **Title.** This column lists the task title for each task in the subject area.
- **Training Location.** This column identifies the training location and how the training is distributed to the Soldier (institutional, operational, or self-development). This STP uses codes to define the environments where training takes place. For example, if the task is first trained to standard in the unit, the abbreviation for operational, OP, will be in this column. Table 2-1 contains a list of training locations and their corresponding brevity codes.

Table 2-1. Training locations

INST	Institutional
OP	Operational
S-D	Self-Development

- **Sustainment Training Frequency.** This column indicates the recommended frequency at which the tasks should be trained to ensure Soldiers maintain task proficiency. Table 2-2, on page 2-2, identifies the frequency codes used in this column.

Table 2-2. Sustainment training frequency codes

AN	Annually
SA	Semi-Annually
MO	Monthly

- **Sustainment Training Skill Level.** This column lists the skill level of the MOS for which Soldiers must receive sustainment training to ensure they maintain proficiency to Soldier's manual standards.

2-3. Duty Position Training Requirements.

Table 2-3 identifies the total training requirement for each duty position within an MOS and provides a recommendation for cross-training and train-up/merger training.

- **Duty Position.** This column lists the duty positions of the MOS by skill level, which have different training requirements.
- **Subject Area.** This column lists, by numerical key, the subject areas a Soldier must be proficient in to perform in that duty position.
- **Cross-Train.** This column lists the recommended duty position for which Soldiers should be cross-trained.
- **Train-up/Merger.** This column lists the corresponding duty position for the next higher skill level or MOS code the Soldier will merge into on promotion.

Table 2-3. Duty position training requirements

Skill Level	Duty Position	Subject Area	Cross-Train	Train-up/Merger
1	Nutrition Care Specialist	1-9	N/A	Nutrition Care SGT
2	Nutrition Care SGT	1-13	N/A	Nutrition Care NCO
3	Nutrition Care NCO	1-17	N/A	Nutrition Care NCO
4	Nutrition Care NCO	1-18	N/A	Nutrition Care NCO
Legend:				
NCO noncommissioned officer SGT sergeant				

2-4. Critical Tasks List.**MOS TRAINING PLAN****CRITICAL TASKS**

Table 2-4 cross-references each task in all skill levels for a specific MOS with training location, sustainment training frequency, and sustainment training skill level.

Table 2-4. MOS training plan

Task Number	Title	Location	Frequency	Skill Level
Readiness Requirements				
Subject Area 1: Clinical Nutrition				
081-68M-1308	Prepare a Therapeutic Diet	INST	AN	1-5
081-68M-1307	Conduct Nutrient Analysis	INST	AN	1-5
081-68M-1309	Prepare a Modified Diet Plan Based on Cultural or Religious Preference	INST	AN	1-5
081-68M-2300	Perform Nutrition Care Outpatient Operations	OP	AN	2-5
Subject Area 2: Community Nutrition				
081-68M-3400	Manage a Health Promotion Program	INST	AN	3-5
081-68M-1400	Plan Nutrition Health Promotion Program Activities	INST	AN	1-5
Subject Area 3: Deployable Nutrition				
081-68M-2201	Inspect an Army Medical Field Feeding System	OP	AN	2-5
Subject Area 4: Nutrition Department Management				
081-68M-2500	Enforce Cash Control Standards	OP	AN	2-5
081-68M-2502	Manage Nutrition Food Automated System Data	OP	AN	2-5
081-68M-3500	Determine Forecast of Menu Items	INST	AN	3-5
081-68M-3501	Develop a Nutrition Care Menu	INST	AN	3-5

Table 2-4. MOS training plan (continued)

Task Number	Title	Location	Frequency	Skill Level
081-68M-4504	Develop a Hazard Analysis Critical Control Point Program	S-D	AN	4-5
Subject Area 5: Safety and Storage of Food				
081-68M-2102	Perform a Quality Control Subsistence Inspection	OP	AN	2-5
081-68M-2103	Process the Receipt of Nutrition Care Subsistence	OP	AN	2-5
Skill Level 1				
Subject Area 6: Clinical Nutrition				
081-68M-1300	Assess the Nutritional Adequacy of a Patient's Diet	INST	SA	1-5
081-68M-1301	Modify a Diet Plan	INST	SA	1-5
081-68M-1305	Conduct Patient Nutrition Education	INST	AN	1-5
081-68M-1303	Process a Diet Order for a Patient/Casualty	INST	AN	1-5
081-68M-1304	Determine the Nutritional Risk of a Patient/Casualty	INST	AN	1-5
081-68M-1308	Prepare a Therapeutic Diet	INST	SA	1-5
081-68M-1309	Prepare a Modified Diet Plan Based on Cultural or Religious Preference	INST	AN	1-5
081-68M-1307	Conduct Nutrient Analysis	INST	AN	1-5
081-68M-1306	Conduct Patient/Casualty Feeding Operations	INST	AN	1-5
Subject Area 7: Community Nutrition				
081-68M-1400	Plan Nutrition Health Promotion Program Activities	INST	AN	1-5
Subject Area 8: Deployable Nutrition				
081-68M-1200	Pack Out an Army Medical Field Feeding System	INST	AN	1-5

Table 2-4. MOS training plan (continued)

Task Number	Title	Location	Frequency	Skill Level
081-68M-1201	Conduct Nutrition Support for Humanitarian Operations	INST	AN	1-5
Subject Area 9: Safety and Storage of Food				
081-68M-1100	Enforce Facility Sanitation Standards	INST	AN	1-5
Skill Level 2				
Subject Area 10: Clinical Nutrition				
081-68M-2300	Perform Nutrition Care Outpatient Operations	OP	AN	2-5
Subject Area 11: Deployable Nutrition				
081-68M-2200	Deploy an Army Medical Field Feeding System for Operation	OP	AN	2-5
081-68M-2201	Inspect an Army Medical Field Feeding System	OP	AN	2-5
Subject Area 12: Nutrition Department Management				
081-68M-2502	Manage Nutrition Food Automated System Data	OP	AN	2-5
081-68M-2500	Enforce Cash Control Standards	OP	AN	2-5
081-68M-2501	Manage Food Service Operations	OP	AN	2-5
Subject Area 13: Safety and Storage of Food				
081-68M-2103	Process the Receipt fo Nutrition Care Subsistence	OP	AN	2-5
081-68M-2101	Maintain Physical Security of Nutrition Care Department	OP	AN	2-5
081-68M-2102	Perform a Quality Control Subsistence Inspection	OP	AN	2-5
081-68M-2100	Conduct a Nutrition Care Division Performance Improvement Study	INST	AN	2-5

Table 2-4. MOS training plan (continued)

Task Number	Title	Location	Frequency	Skill Level	
Skill Level 3					
Subject Area 14: Community Nutrition					
081-68M-3400	Manage a Health Promotion Program	INST	AN	3-5	
Subject Area 15: Deployable Nutrition					
081-68M-3200	Select a Site for Army Medical Field Feeding Operations	INST	AN	3-5	
081-68M-3201	Determine Operational Rations for Army Medical Field Feeding Operations	INST	AN	3-5	
Subject Area 16: Nutrition Department Management					
081-68M-3501	Develop a Nutrition Care Menu	INST	AN	3-5	
081-68M-3500	Determine Forecast of Menu Items	INST	AN	3-5	
Subject Area 17: Safety and Storage of Food					
081-000-0166	Evaluate a Hazard Analysis Critical Control Point Program	INST	AN	1-5	
Skill Level 4					
Subject Area 18: Nutrition Department Management					
081-68M-4501	Prepare a Nutrition Care Financial Accounting and Operations Report	S-D	AN	4-5	
081-68M-4504	Develop a Hazard Analysis Critical Control Point Program	S-D	AN	4-5	
081-68M-4502	Develop the Nutrition Care Emergency Preparedness Plan	S-D	AN	4-5	
081-68M-4500	Prepare a Nutrition Care Fire/Safety Plan	S-D	AN	4-5	
Legend:					
AN	annually	OP	Operational	S-D	Self-Development
INST	Institutional	SA	semi-annually		

Chapter 3
Skill Level Tasks
Readiness Requirements
Subject Area 1: Clinical Nutrition
Prepare a Therapeutic Diet
081-68M-1308

Conditions: You are in a hospital environment and received the meal or nourishment orders for the patients requiring therapeutic diets from the Clinical Dietetics Branch. You will need a fully equipped nutrition care kitchen facility, subsistence supplies, a menu, standardized recipes for each menu item, a pencil, DA Form 1829 (*Hospital Food Service - Ward Diet Roster*), and access to the [Nutrition Care Manual](#) website.

Standards: Prepare the meal or nourishments in accordance with the prescribed diet orders and food allergies adhering to all performance measures with 100% accuracy utilizing GO/NO GO criteria. Nutrient or consistency diet modifications are in accordance with the [Nutrition Care Manual](#) website and approved by a registered dietitian.

Performance Steps:

1. Review the patient's diet order, restrictions, and food allergies on the DA Form 1829.

NOTE: Be sure to check the diet order for specific information about the food or liquid modification.

2. Reconcile the patient's menu selections against allowances.

NOTE: If selections are not allowed, refer back to the clinic dietetics branch for meal adjustments.

3. Obtain recipes for items selected.

NOTE: Recipes should be standardized recipes approved by the local registered dietitian.

4. Compare the recipes to the diet allowances, restrictions, and food allergies accessible on the [Nutrition Care Manual](#) website to determine if the menu items selected meet the recommendations for the patient's prescribed diet.

NOTE: If selections do not meet recommendations, refer back to the clinic dietetics branch for meal adjustments.

5. Wash hands before handling any food products or food service equipment.
6. Gather the materials and equipment required to prepare the meal or nourishment.
7. Prepare the patient's meal or nourishment with the correct food and liquid items in accordance with the prescribed diet order allowances.

NOTE: Individual portion sizes are weighed and measured according to specific diet allowances.

8. Check to ensure the food and liquid items on the tray match the prescribed diet order.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed the patient's diet order, restrictions, and food allergies on DA Form 1829.	_____	_____
2 Reconciled the patient's menu selections against allowances.	_____	_____
3 Obtained recipes for items selected.	_____	_____
4 Compared the recipes to the diet allowances, restrictions, and food allergies accessible on the Nutrition Care Manual website to determine if the menu items selected met the recommendations for the patient's prescribed diet.	_____	_____
5 Washed hands before handling any food products or food service equipment.	_____	_____
6 Gathered the materials and equipment required to prepare the meal or nourishment.	_____	_____
7 Prepared the patient's meal or nourishment with the correct food and liquid items in accordance with the prescribed diet order allowances.	_____	_____
8 Checked to ensure the food and liquid items on the tray matched the prescribed diet order.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

DA Form 1829. *Hospital Food Service - Ward Diet Roster*.
[Nutrition Care Manual](#) website.

Related

None

Conduct Nutrient Analysis**081-68M-1307**

Conditions: You have been given a specified portion of a recipe or food ingredient that requires an accurate nutrient analysis of the recipe or ingredient. You will need the specified portion of the recipe, a computer, the local database, printer, Nutrition Management Information System or United States Department of Agriculture National Nutrient Database, and AR 40-25.

Standards: Calculate the amount of macronutrients and micronutrients for the given portion or recipe, and assign the appropriate nutrient color-coding designations in accordance with AR 40-25.

NOTE: These websites are available for use: United States Department of Agriculture's [FoodData Central](#) and [Go for Green](#).

Performance Steps:

1. Identify the recipe or ingredient to be analyzed.
2. Gather resources.

NOTE: If nutrition information can be located through package labels, recipe, or other methods, continue on to Step 3: Document the nutrient analysis.

- a. Gather the standardized recipe.

NOTE: Obtain the recipe from the Armed Forces Recipe Service (TM 10-412) located on Joint Culinary Center of Excellence website. The nutrition information should be located on the recipe. Verify the recipe accurately represents the ingredients, their quantities, and the serving size of the food item.

- b. Gather packaged ingredients.

NOTE: Information may be on the label or provided by the manufacturer online. Ensure information is for food “as served” not “as purchased.” For example, gather information for cooked pancakes as opposed to dry pancake mix.

- c. Gather non-packaged single ingredient foods.

NOTE: The nutrition information for these items can be found in Nutrition Management Information System Nutrient Database or in the United States Department of Agriculture National Nutrient Database. All this nutrition information can be found on the [FoodData Central](#) website.

3. Document the nutrient analysis.
 - a. Identify all ingredients in the menu item or recipe.
 - (1) Verify that each ingredient has a nutrient link in the Nutrition Management Information System ingredients tab.

NOTE: If an ingredient does not have a nutrient link in the ingredients tab, add in the appropriate existing link, or create a new link with the appropriate nutrition information in the personal nutrient database.

(2) Search for the recipe or ingredient being analyzed in the Nutrition Management Information System recipe tab.

(a) Update the ingredients, their quantities, and the serving size, if applicable.

(b) Verify that each ingredient has a nutrient link attached.

NOTE: If an ingredient does not have a nutrient link in the recipe tab, add in the appropriate link (completed in the previous step).

(3) Save the recipe when all ingredient nutrient links are attached.

b. Search for each item in the United States Department of Agriculture National Nutrient Database.

(1) Record the macronutrient and micronutrient information for the amount of each item in the recipe.

NOTE: Use the “edible portion” amount, not the “as purchased” amount, to account for bones or other parts of the item that will not be consumed.

(2) Add the totals of each macronutrient and micronutrient together for the entire recipe.

(3) Divide the total macronutrient and micronutrient information by the number of servings in the recipe to determine the accurate nutrition information per serving.

(4) Record the total recipe and per serving total macronutrient and micronutrient information into an electronic spreadsheet.

4. Assign nutrient color-coding designation with the completed nutrient analysis.

5. Record the final color coding.

a. Record the final color-coding designation in the recipe master reference.

b. Record the final color-coding designation into an electronic spreadsheet with the nutrient analysis.

6. Save the nutrient analysis on the system being used.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in an operational environment related to the actual task.

Performance Measures:

1 Identified the recipe or ingredient to be analyzed.

GO NO GO

2 Gathered resources.

3 Documented the nutrient analysis.

Performance Measures:**GO NO GO**

- | | | | |
|---|--|-------|-------|
| 4 | Assigned nutrient color-coding designation with the completed nutrient analysis. | _____ | _____ |
| 5 | Recorded the final color coding. | _____ | _____ |
| 6 | Saved the nutrient analysis on the system being used. | _____ | _____ |

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

TM 10-412. *Armed Forces Recipe Service and Index of Recipes.*

Related

None

Prepare a Modified Diet Plan Based on Cultural or Religious Preference

081-68M-1309

Conditions: You are assigned to a hospital conducting stability and reconstruction operations during a humanitarian deployment. A nutritional assessment was conducted, and the registered dietitian determined the population requires the establishment of a feeding program. You have been tasked to develop a modified diet plan factoring cultural or religious preference. You will need the results of the nutritional assessment, access to the [Nutrition Care Manual](#) website, *Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment*, access to the [Pediatric Manual of Clinical Dietetics](#) website, *Rapid Health Assessment of Refugee or Displaced Populations*, the local standard operating procedures, paper, and a pencil.

Standards: Prepare a modified diet plan that meets the needs of the population's nutritional deficiencies and cultural and religious preferences, local standard operating procedures, and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify the population needs from the nutritional assessment.
2. Assess the target population for religious and cultural factors.

NOTE: Factors may include children, elderly people, disabilities, gender, protection, environmental considerations, and illnesses. Information of this nature will be available from the unit Intelligence officer. It is critical to have a thorough understanding of the local or refugee population.

3. Identify the religious and cultural preferences that impact the meal plan.

NOTE: There may be more than one cultural or religious preference in one community.

4. Conduct a nutrition questionnaire to assess normal emergency feeding needs and long-term transition feeding patterns in accordance with the [Nutrition Care Manual](#) website or other Army standard resources and the *Rapid Health Assessment of Refugee or Displaced Populations*.
5. Review the nutritional references for specific dietary guidelines and food and nutrient drug interactions.
 - a. [Nutrition Care Manual](#) website.
 - b. *Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment*.
 - c. [Pediatric Manual for Clinical Dietetics](#) website.
 - d. *Rapid Health Assessment of Refugee or Displaced Populations*.
6. Identify resources required to implement a feeding program.
 - a. Staffing.
 - (1) Assess if available local national personnel are knowledgeable of basic dietetics.
 - (2) Verify if the number of staff is enough to meet mission requirements.

- (3) Determine if interpreters or any other specialized personnel are required.
- b. Location and facilities.
 - (1) Determine safety measures needed to safely operate in the area.

NOTE: Any travel outside of the hospital compound will always be conducted as a convoy with other health care personnel and a security or escort team.

- (2) Determine equipment requirements and availability.

NOTE: Kitchen: cultural and religious preferred equipment.

- c. Local resources.
 - (1) Determine what resources are available.

NOTE: Food: cultural and religious preferred ingredients.

- (2) Are the local resources available after the departure of the team?

7. Develop a meal plan adequate for cultural and religious preferences with the help of the registered dietitian.

8. Determine if the mission's goals meet the population's needs.

9. Promote the mission's goals (the right to life with dignity).
- a. Establish proper communication between Service members and local command (if applicable) and local authorities.
 - b. Ensure local authorities and local command (if applicable) support the mission's objectives.
 - c. Ensure safe operations are established in accordance with local threat levels.

10. Implement the meal plan with the guidance of the local registered dietitian.

11. Document the meal plan and feeding program in accordance with the local standard operating procedure.

NOTE: Documentation may include classes provided, screening forms, medical records, religious records, number of population served, location data, hours and days of service, and satisfaction and suggestion surveys.

12. Maintain proper communication between local authorities and military personnel.

NOTE: Interpreters, representatives, important local figures (for example, village chief or head of household), registered dietitian, and dietitian extenders (68Ms).

13. Conduct follow-up visits and re-assessments of population, as needed.

NOTE: Refer to task 081-68M-1201, Conduct Nutrition Support for Humanitarian Operations.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Identified the population needs from the nutritional assessment.	_____	_____
2	Assessed the target population for religious and cultural factors.	_____	_____
3	Identified the religious and cultural preferences that impact the meal plan.	_____	_____
4	Conducted a nutrition questionnaire to assess normal emergency feeding needs and long-term transition feeding patterns in accordance with the Nutrition Care Manual website or other Army standard resources and the <i>Rapid Health Assessment of Refugee or Displaced Populations</i> .	_____	_____
5	Reviewed the nutritional references for specific dietary guidelines and food and nutrient drug interactions.	_____	_____
6	Identified resources required to implement a feeding program.	_____	_____
7	Developed a meal plan adequate for cultural and religious preferences with the help of the registered dietitian.	_____	_____
8	Determined if the mission's goals meet the population's needs.	_____	_____
9	Promoted the mission's goals (the right to life with dignity).	_____	_____
10	Implemented the meal plan with the guidance of the local registered dietitian.	_____	_____
11	Documented the meal plan and feeding program in accordance with the local standard operating procedure.	_____	_____
12	Maintained proper communication between local authorities and military personnel.	_____	_____
13	Conducted follow-up visits and re-assessments of population, as needed.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment.

[Nutrition Care Manual](#) website.

[Pediatric Manual of Clinical Dietetics](#) website.

Rapid Health Assessment of Refugee or Displaced Populations.

Related

None

Perform Nutrition Care Outpatient Operations

081-68M-2300

Conditions: You are in a nutrition care outpatient facility and responsible for the administrative processing of clinic appointments and patient consults as they are received. You will need a computer, access to the patient data system, telephone, pen, paper, and the local standard operating procedures.

Standards: Appropriately schedule patients and process patient information in the patient data system in accordance with the local standard operating procedure adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Monitor consults as they come in from other providers.
 - a. Sort the consults according to the needs of the patient.
 - b. Contact the patient, via phone, to schedule an appointment accordingly.
2. Check patients in for appointments as they enter the clinic.
 - a. Greet the patient by asking for his or her name, appointment time, provider, and identification.
 - b. Confirm patient's name, date of birth, last four digits of the patient's identification number, and appointment time using the patient data system.
 - c. Check in patient for the appointment.
3. Prepare the patient for the appointment.
 - a. Determine what biometrics the provider needs from the patient for the appointment based on local standard operating procedure (for example, height, weight, or head circumference).
 - b. Collect biometric patient data for the appointment.
 - c. Provide patient with any handouts he or she may need for the appointment or class he or she is attending according to local standard operating procedure.
 - d. Ask patient to have a seat in the waiting room.
4. Enter patient biometric information into the patient data system.
5. Schedule patients for appointments as they call the clinic or for follow-up appointments when they are done with their appointment at the clinic.
6. File patient records in a secure location in accordance with the local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

- 1 Monitored consults as they come in from other providers.

GO NO GO

Performance Measures:	GO	NO GO
2 Checked in patients for appointments as they enter the clinic.	_____	_____
3 Prepared the patient for the appointment.	_____	_____
4 Entered patient biometric information into the patient data system.	_____	_____
5 Scheduled patients for appointments as they call the clinic or for follow-up appointments when they are done with their appointment at the clinic.	_____	_____
6 Filed patient records in a secure location in accordance with the local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required
None

Related
None

Subject Area 2: Community Nutrition
Manage a Health Promotion Program
081-68M-3400

Conditions: In a garrison environment, you are the noncommissioned officer in charge of running a health promotion program. You will need paper, pen, and the local standard operating procedures.

Standards: Manage the health promotion program without error using the GO/NOGO criteria by ensuring the program has adequate resources and effectively meets the target population needs in accordance with the local standard operating procedure.

Performance Steps:

1. Assess the target population.
 - a. Review the population needs assessment, military nutrition environment assessment tool, and the [Go for Green](#) website data.
 - b. Find out if the program goals still align with population needs.
 - c. Ensure local commands still support the program.
2. Ensure promotion and marketing are adequate.
 - a. Ensure enough people are participating in the program.

NOTE: That is, are all training slots taken?

- b. Communicate with local commands to increase awareness of the program.
 - c. Work with local offices for promotional materials print, radio, television advertisements, flyers, or brochures.
3. Ensure available resources are adequate.
 - a. Assess the available staff.
 - (1) Are there enough trainers and program staff?
 - (2) Are trainers and staff properly trained current in their certifications?
 - (3) Conduct periodic staff observations of training delivered to determine staff effectiveness.
 - b. Assess location and room capabilities.
 - (1) Are locations and classrooms adequate?
 - (2) Is the available technology adequate?
 - c. Assess available materials.
 - (1) Are all necessary books available?
 - (2) Is there a need for more posters, folders, pens, or any materials?
4. Determine program effectiveness.
 - a. Ensure attendance and involvement are adequate.
 - b. Check to see if there any issues need to be addressed.

5. Ensure records documentation is accurate.
 - a. Record trainings, including:
 - (1) Programs taught.
 - (2) Attendance.
 - (3) Trainers.
 - (4) Hours and days of training.
 - b. Maintain records of all feedback given after training including surveys and assessments.
6. Assess effectiveness of training from post-training assessment data.
 - a. Did participants incorporate change in their lives?
 - b. Were there any quantifiable results?
7. Record results or any discrepancies.
8. File results.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Assessed the target population.	_____	_____
2 Ensured promotion and marketing are adequate.	_____	_____
3 Ensured available resources are adequate.	_____	_____
4 Determined program effectiveness.	_____	_____
5 Ensured records documentation is accurate.	_____	_____
6 Assessed effectiveness of training from post-training assessment data.	_____	_____
7 Recorded results or any discrepancies.	_____	_____
8 Filed results.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required
None

Related
None

Plan Nutrition Health Promotion Program Activities**081-68M-1400**

Conditions: You are in a clinical environment and directed to plan nutrition health promotion program activities. You will need access to a registered dietitian, access to the [Nutrition Care Manual](#) website, AR 40-25, ATP 4-02.10, computer, printer, paper, and pencils.

Standards: Plan nutrition health promotion program activities in accordance with ATP 4-02.10, [Nutrition Care Manual](#) website, military recommended dietary allowance requirements, and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Conduct a population assessment.

NOTE: A variety of methods can be used to determine what the population needs are, such as type of food service available, fitness facilities, changes in appetite, and an expressed desire for health promotion topics.

- a. Develop a survey with 7 to 10 assorted health-based questions.

NOTE: Include some of the following in the survey: tobacco usage, serum cholesterol level, body mass index, percent body fat, dietary supplement usage, blood pressure, food choices, immunization status, alcohol usage, demographics (for example, sex, age, shift, or job), quality of life, unit readiness (for example, Army physical fitness test pass rate or pregnancy rate).

- (1) Ensure the survey is developed in question format.
 - (2) Ensure the content is grammatically correct.
 - b. Survey the population.
 - c. Evaluate survey data.
 - (1) Look for trends.
 - (2) Draw conclusions based on trends.

2. Establish health promotion goals and objectives based on survey results.

NOTE: Objectives are specific statements detailing the desired accomplishments of a program.

- a. Identify the desired outcome towards which the plan is directed.
 - b. Address the target group and the identified health risks.
 - c. Ensure objectives are specific to an established timetable.
 - d. Ensure objectives are directly linked to assumptions and can be evaluated.
 - e. Obtain registered dietitian approval of objectives.

3. Decide on a theme that will promote interest and curiosity in the targeted group.

4. Develop an interactive activity that will encourage interest and participation by the target audience.

NOTE: Examples include on-site measurement of body fat percentage, visual demonstration of how oil versus solid fat flows through the veins, comparisons of recipes to determine the type and amount of fat used, and on-site calculation of body mass index.

5. Develop educational brochure(s) that support each activity and meet established guidelines.

NOTE: The brochure should be positive, non-judgmental, empowering, and easily understood (minimizing academic or theoretical terminology). The reading grade level should be between 5th- and 8th-grade levels.

- a. Structure brochure to promote partnership with patient and provider.
 - b. Establish action-oriented steps throughout the brochure.
 - c. Summarize key points throughout the brochure.
 - d. Collate sets of material if several topics are related.
 - e. Obtain registered dietitian approval for completed brochures or brochure sets.
6. Prepare outcome tools.
 - a. Establish evaluation strategies.
 - (1) Develop measurable, short-term outcomes based on objectives.
 - (2) Use an objective, quantitative method to evaluate numbers and data.
 - (3) Use a subjective, qualitative method to evaluate ideas, thoughts, and observations.
 - b. Develop post-activity survey.
 - (1) Write questions that will determine if objectives were achieved.
 - (2) Write open-ended questions to acquire participant testimonials.
 - (3) Include demographic queries (for example, gender, age, or rank).

NOTE: Names must not be solicited in any survey.

- c. Develop a report to document and track outcomes.
 - (1) Establish biological data and behavioral measurements before dietary intervention, if applicable.
 - (2) Reassess biological and behavioral data to identify changes after dietary intervention, if applicable.
7. Plan the health promotion program activity.
 - a. Coordinate a date and time.
 - (1) Review unit missions and training schedules to avoid conflicts in scheduling.
 - (2) Put the date of the event on the unit training schedule, if possible.
 - b. Market the health promotion activity.
 - (1) Announce in staff meetings, commander's briefings, and leadership calls.
 - (2) Place posters in public areas (for example, dining facility, barracks, Army Community Center, Health Promotion Center, fitness center, or hospital display cases).
 - (3) Circulate email messages in established news groups and websites.

- c. Prepare for the nutrition health promotion activity.
 - (1) Coordinate for space and utilities.
 - (2) Coordinate setup assistance from colleagues.
 - (3) Develop a checklist of all materials (for example, brochures, training aids, and pens) to take to the activity.
- 8. Conduct the health promotion activity.
 - a. Set up health promotion display and materials.
 - b. Interact with the population providing information and answers to questions.
 - c. Document quantities and description of interactions.
- 9. Conduct a post-activity survey of all participants.
- 10. Document program successes and failures.
- 11. Review health promotion program outcomes with the registered dietitian to determine opportunities for improvement.
- 12. Adjust health promotion program to emphasize the successes and eliminate the failures for future use.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Conducted a population assessment.	_____	_____
2	Established health promotion goals and objectives based on survey results.	_____	_____
3	Decided on a theme that would promote interest and curiosity in the targeted group.	_____	_____
4	Developed an interactive activity that would encourage interest and participation by the targeted audience.	_____	_____
5	Developed educational brochure(s) that supported each activity and met established guidelines.	_____	_____
6	Prepared outcome tools.	_____	_____
7	Planned the health promotion program activity.	_____	_____
8	Conducted the health promotion activity.	_____	_____
9	Conducted a post-activity survey of all participants.	_____	_____

Performance Measures:		GO	NO GO
10	Documented program successes and failures.	_____	_____
11	Reviewed health promotion program outcomes with the registered dietitian to determine opportunities for improvement.	_____	_____
12	Adjusted health promotion program to emphasize the successes and eliminate the failures for future use.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

ATP 4-02.10. *Theater Hospitalization.*

[Nutrition Care Manual](#) website.

Related

None

Subject Area 3: Deployable Nutrition
Inspect an Army Medical Field Feeding System
081-68M-2201

Conditions: In a deployed setting and working with the Army Medical Field Feeding System, you are required to inspect an established field feeding site. You will need access to the Army Medical Field Feeding System, paper, pen, ATP 4-41, TB MED 530, TM 10-8340-224-13, TM 10-7360-226-10, TM 10-7360-211-13&P, and local standard operating procedures.

Standards: Inspect all major components of the Army Medical Field Feeding System verifying proper site location and setup supports safe operations in accordance with the primary reference utilizing GO/NO GO criteria.

Performance Steps:

1. Locate the Army Medical Field Feeding System site.
2. Inspect the site.

NOTE: The site inspection should be terrain where the Army Medical Field Feeding System is placed and should include terrain type and elevations.

- a. Verify that the site is level to a maximum elevation difference of 6 inches in 10 feet (ft.).
- b. Verify that the terrain is firm, well drained, and relatively free of surface rocks and stones.

NOTE: If the soil at the site is not dry and well packed, dunnage or other support materials must be placed under the jack base plates to prevent them from sinking.

- c. Verify that the slope of the terrain does not exceed 18 inches over the projected floor area of the expanded shelter (approximately 20 ft. x 22 ft.).
3. Inspect the exhaust.
 - a. Verify that the containerized kitchen (CK) is oriented so exhaust gases from the onboard generator will not blow into the shelter or be drawn into the ventilation system when prevailing winds exist.
 - b. Ensure fumes are blown away from CK.
4. Inspect the external power.
 - a. Verify that the CK is positioned within reach of the available power cable.
 - (1) Verify that the cable is routed away from personnel and vehicular traffic paths.
 - (2) Verify that the cable is protected from damage when routed across a road or other potential vehicle path.
 - b. Ensure the rounding rods are 8 ft. into the ground and securely connected to the CK grounding area and grounding rods.
5. Inspect the CK.

WARNING: If the container needs to be lowered or raised, ensure both jacks are operated to minimize risk of jacks breaking.

- a. Verify that the CK is level.

NOTE: If CK is not level, refer to task 081-68M-2200, Deploy an Army Medical Field Feeding System for Operation, to level the CK.

- (1) Locate the bullseye level mounted on the end of the container in a recess in the corner block to the left of the personnel access door, and ensure bubble is in the center and level.
- (2) Locate the bullseye level mounted on the opposite end of the container mounted in a recess to the left of the mechanical room doors, and ensure bubble is in the center and level.
- (3) Locate the level mounted on the edge of the kitchen wing container mounted on the edge of the wing, and ensure bubble is in the center and level.

NOTE: A level can be used in place if the mounted level is inoperable.

- (4) Locate the level mounted on the edge of the serving wing container mounted on the edge of the wing, and ensure bubble is in the center and level.

NOTE: A level can be used in place if the mounted level is inoperable.

- (5) Ensure all cam and locking pins are placed, and secure on all support jacks.

NOTE: There are four (4) on the actual container and three (3) on each wing.

- b. Inspect stairs.

- (1) Ensure stairs on serving wing are locked in place and the handrails on each side are secured in place.
- (2) Ensure stairs located on personnel door are secure and the handrails on each side are secured in place.

- c. Inspect mechanical room.

- (1) Ensure awning support rods (2) are in place and awning is secured to container with thumbscrews (4).
- (2) Ensure elbow pipe is secured using coupler clamp and is facing up and out of the awning, so exhaust will blow away from CK.
- (3) Ensure clear air conditioning drain hoses (2) are connected and hanging down and out of the mechanical room to safely drain away from mechanical room.
- (4) Ensure discharge ducts (3) are connected to area and strapped to door braces, so the ducts blow away from the mechanical room.

- d. Inspect kitchen and serving shelter expansions.

- (1) Ensure shelter frame expansions are properly and securely connected on both kitchen and serving sides.
- (2) Ensure poles are secure in slots and are not loose, and ensure proper tension is holding them in place.
- (3) Ensure arch spacers and adjustable spacers are in place and not loose.
- (4) Ensure zippers for incoming and outgoing doors are operational.

- e. Inspect generator control panel.
 - (1) Check to see if lights are operational.

NOTE: If using external power or internal generator, corresponding light will be lit. The external power source should be 120/208 volts alternating current, 60-ampere, and 3-phase power source.

- (2) Check to ensure emergency stop switch is operational.

NOTE: If using external power and onboard generator is running, shut down onboard generator, and see your local generator operator.

- (3) Check power off switch to ensure operational.
 - (4) Check emergency, interior lighting for operation, and test blackout mode.
 - (5) Once power is operating in CK, turn on the electronic control unit and ventilation fans located next to spice rack to check operation.
 - (6) Check to ensure power to water pump and heater.
 - (7) Check power to warming cabinets and refrigerators.
 - (8) Check power to fans on tray pack unit and oven unit fans.
 - (9) Ensure power connections to the modern burner units throughout kitchen.
 - f. Inspect kitchen appliances.
 - (1) Inspect oven and tray pack heater unit.
 - (a) Check to ensure oven is not missing racks and doors are operational.
 - (b) Look for missing or damaged hardware.
 - (c) Look for missing or broken parts on tray pack heater.
 - (d) Ensure door is operational and racks are located inside.
 - (2) Inspect steam table, griddle assembly, and cook pot cradles.
 - (a) Check for broken, loose, or missing parts.
 - (b) Check steam table for drain, holes, or warped areas.
 - (c) Ensure heat guards swing freely 90 degrees.
 - (d) Check griddle to ensure the coating is not badly scratched or worn.
 - (3) Inspect refrigerators and heating cabinets.
 - (a) Check for broken, loose, or missing parts.
 - (b) Ensure doors close properly.
 - (c) Check to ensure proper temperatures are met using thermometers in accordance with TB MED 530.
 - (4) Inspect safety and sanitation.
 - (a) Ensure fire extinguishers are operational and charged.
 - (b) Ensure trash cans have lids.
 - (c) Ensure kitchen has first aid kit that is fully stocked to include burn cream.
- 6. Inspect the field sanitation center.
 - a. Inspect field sanitation center tent.
 - (1) Ensure zippers to doors are functional.

- (2) Look for tears in fabric.
- (3) Ensure fly is connected to protect from rain and snow.
- (4) Ensure ground is level.
- (5) Ensure stakes are properly placed and ropes are tightened and secure.

NOTE: Sandbag, if necessary, if in high wind area.

- b. Inspect field sanitation center components.
 - (1) Inspect storage racks (2 sets) to ensure welding is connected and there are no bent or damaged parts that will prevent racks from stacking or covers from being secure.
 - (2) Inspect worktable.
 - (a) Check to ensure legs are secure.
 - (b) Check for broken welds, lose or missing rivets, and clamps and brackets.
 - (3) Inspect drain table.
 - (a) Check to ensure legs are secure.
 - (b) Check for broken welds, loose or missing rivets, and clamps and brackets.
 - (c) Check to ensure drain table is secure to sink and sufficiently inclined to permit water drain off.
 - (4) Inspect sink.
 - (a) Check to ensure the three base sinks are solidly placed in the three base racks and modern burner unit slide inside of rack is facing out.
 - (b) Ensure welding on racks is still connected and there is no major damage to metal of the racks.
 - (c) Ensure the sink hinge flaps are in place and operational and may move up to 90 degrees.
 - (d) Ensure sinks are connected with sink adapters (2), so they stay together and do not come apart.
 - (e) Ensure no damage to sink body, drains work properly, and each sink has a thermometer.
 - (f) Ensure sinks are at least 2 ft. from tent walls.
 - (g) Ensure heat resistant gloves and aprons are available.
 - (h) If checking temperatures (wash sink 110-120 degrees [°] Fahrenheit [F]), rinse 120-140 °F, and sanitize 171 °F and higher).
 - (i) Inspect drain and drain hose connections to sink.
 - _1_ Look for bends, cracks, and leaks.
 - _2_ Ensure they are securely connected to sink.
 - (5) Inspect sink fill pump assembly.
 - (a) Check 15-ft. fill hose for cracks and leaks, and ensure connectors are properly connected.
 - (b) Check 50-ft. water supply hose for cracks and leaks, and ensure connectors are properly connected.
 - (c) Check the power connection of the modern burner unit power cable assembly is properly connected and has no visible damage or wires showing.

- (6) Inspect grease separator.
 - (a) Visually inspect body of grease separator for damage, and ensure clamps are functioning correctly.
 - (b) Check inlet and outlet cable connections to ensure they are secure and not loose.
 - (c) Inspect lower grease separator outlet cap is secured.
 - (d) Inspect float switch inside separator to ensure no obstructions and the switch is free to move up and down.
 - (e) Ensure strainer basket is in place.
 - (f) Ensure outlet hose is draining to gray water tank or down and away from field sanitation center and at least 90 ft. away from food sanitation container center.

NOTE: Check unit standard operating procedure about food waste.

- c. Inspect field sanitation center electrical components.
 - (1) Inspect lighting.
 - (a) Ensure cables are connected fully and light straps are secure.
 - (b) Inspect cables to ensure there are no breaks or visible wires.
 - (2) Inspect 100-ft. extension cord.
 - (a) Visually ensure there are no cracks or visible wires.
 - (b) Ensure extension cord cables are securely wrapped around strap buckles and poles are out of the way of personnel pathways.
 - (c) Ensure the cord is not a trip hazard or possible electrical shock hazard.
 - (d) Ensure electrical cord is plugged into a ground fault circuit interrupter power source.
 - (3) Inspect power cables for modern burner unit, sink fill pump, and grease separator.
 - (a) Look for cracks or visible wires to ensure connections are secure and fully sealed.
 - (b) Ensure power cables are away from heated sources and are not a trip hazard.

NOTE: For modern burner unit power cables, ensure they are looped through the base rack assemblies.

- (4) Inspect power converter.
 - (a) Visually check power converter body for damage.
 - (b) Ensure all connections are secure.
 - (c) Ensure the converter is connected to bracket assembly on the tent center pole.
 - (d) Ensure all cables are not a trip hazard and are located away from personnel pathways.
- d. Inspect for safety and sanitation.
 - (1) Ensure carbon dioxide sensor is operational and in place.

NOTE: The carbon dioxide sensor should be located on center pole nearest to the drain table.

- (a) Visually inspect cables of the carbon dioxide sensor to ensure no cracks or visible wires.
- (b) Press and hold TEST/Retest, and ensure the indicator light goes from red to green.

NOTE: Only the commander has the authority to allow the field sanitation center to continue operations if the carbon dioxide sensor is defective.

- (2) Ensure fire extinguishers are by exit doors and are fully charged.
- (3) Ensure waste cans have lids.
- (4) Inspect drainage areas to ensure there is no pooling of wastewater.

NOTE: Pooling of wastewater can cause bacteria and mosquitos, which carry disease.

- (5) Ensure garbage collection point is at least 90 ft. from CK and 100 ft. from water source.

- 7. Perform corrective actions as needed.
- 8. Document findings and corrections (compliance and non-compliance) in accordance with local standard operating procedure.
- 9. File report in accordance with local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Located the Army Medical Field Feeding System site.	_____	_____
2 Inspected the site.	_____	_____
3 Inspected the exhaust.	_____	_____
4 Inspected the external power.	_____	_____
5 Inspected the CK.	_____	_____
6 Inspected the field sanitation center.	_____	_____
7 Performed corrective actions as needed.	_____	_____
8 Documented findings and corrections (compliance and non-compliance) in accordance with local standard operating procedure.	_____	_____
9 Filed report in accordance with local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all

performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**

ATP 4-41. *Army Field Feeding and Class I Operations.*

TB MED 530. *Tri-Service Food Code.*

TM 10-7360-211-13&P. *Operator's, Unit, and Direct Support Maintenance Manual Including Repair Parts and Special Tools List for Food Sanitation Center (FSC), Model FSC-90 (NSN 7360-01-277-2558) Model FSC-2 (7360-01-496-2112).*

TM 10-7360-226-10. *Operator Manual for Containerized Kitchen (CK) (with Trailer) (NSN 7360-01-473-3408) (EIC YB6).*

TM 10-8340-224-13. *Operator, Unit, and Direct Support Maintenance Manual for Tent, Extendable, Modular, Personnel (TEMPER).*

Related

None

Subject Area 4: Nutrition Department Management
Enforce Cash Control Standards
081-68M-2500

Conditions: You are in a medical treatment facility dining facility and required to enforce cash control standards daily. You will need pen, paper, cash envelope, local cash control standard operating procedures, TC 8-502, FM 1-06, DOD 7000.14-R, and DFAS-IN Manual 37-100-23.

Standards: Verified cash control records in accordance with command policies, local standard operating procedures, and applicable references adhering to all performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Verify currency of cash control standard operating procedure yearly or when a change to policy or regulation occurs.
 - a. Gather current standard operating procedure and applicable regulations.
 - b. Review current finance regulations and standard operating procedure.
 - c. Confirm that the standard operating procedure contains all procedures listed in current regulations.

NOTE: If standard operating procedure does not contain all procedures, alert chain of command for further directions.

2. Verify cash control records after each meal period.

NOTE: If records cannot be verified, alert chain of command for further directions.

- a. Verify the documentation of a current designated cash control supervisor.
- b. Verify the documentation of a current designated change fund custodian.
- c. Verify the financial staff has current Department of Defense Financial Management Certification.
- d. Verify records of unannounced, quarterly, internal cash control reviews from disinterested party.
- e. Verify that all cash control personnel have received crime prevention training within the last year.
- f. Verify that the secured cash room area has a posted, current, signed memorandum of who has access to the area.
- g. Verify that the cash safe has a current opening log affixed to it.
- h. Verify that cash collection files are stored for six years and three months.

3. Manage cash operations.

NOTE: Conduct on-the-spot corrective action and training when deficiencies are identified.

- a. Confirm that all cash register stations contain a complete emergency procedures packet.
- b. Confirm that all cash register login cards are accounted for.

- c. Confirm that all passwords are deactivated for personnel no longer working in the cash section.
- d. Confirm that all point-of-sale menu item keys are available with the correct price.
- e. Observe that cashiers are logging out of the cash register when leaving the machine.
- f. Observe that all cash is secured in the register area.
- g. Observe that no personal items (for example, purses or bags) are stored in the cash register area.
- h. Observe that cashiers are not counting their cash in unsecured areas or while unsupervised.
- i. Observe that cashiers are designating the correct patron category.

NOTE: This includes Soldiers entitled subsistence in kind, cash, and credit patrons.

- j. Observe that cashiers are providing correct change and a receipt to patrons.

4. Manage cash distribution and turn-in process daily.

NOTE: Conduct on-the-spot corrective action and training as needed.

- a. Observe that cashiers are verifying the contents of their starting cash drawers.
- b. Verify that all cashiers have signed for their starting cash drawers.
- c. Observe that additional cash added to the drawer during service is documented.
- d. Collect cash station end of meal service reports.
- e. Observe that cashiers and the cash control supervisor are counting down cash drawers together.
- f. Verify that the end of meal service reports match the amount of cash in the cash drawer.
- g. Verify that all overages and shortages are reported on the discrepancy log.

NOTE: Discrepancies are reported to noncommissioned officer in charge of the section.

- h. Observe that all cash drawers in the safe contain their starting bank requirements.
- i. Verify that the daily cash deposit contains each cashier's and a total end of meal service report with the cash.
- j. Verify that the cash is deposited daily during weekdays, excluding Federal holidays and training holidays.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Verified currency of cash control standard operating procedure yearly or when a change to policy or regulation occurs.	_____	_____
2 Verified cash control records after each meal period.	_____	_____
3 Managed cash operations.	_____	_____

Performance Measures:

GO

NO GO

4 Managed cash distribution and turn-in process daily.

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

DFAS-IN Manual 37-100-23. *The Army Management Structure for Fiscal Year 2023.*
DOD 7000.14-R. *Financial Management Regulation, Volume 5: Disbursing Policy.*
FM 1-06. *Financial Management Operations.*
TC 8-502. *Nutrition Care Operations.*

Related

None

Manage Nutrition Food Automated System Data**081-68M-2502**

Conditions: You are assigned to a medical treatment facility Nutrition Care Division and responsible for managing and maintaining accurate data within the Nutrition Management Information System (NMIS). You will need a computer with access to NMIS, printer, the local standard operating procedures, and NMIS operational manual.

Standards: Manage nutrition food automated data in NMIS ensuring data is current and accurate in accordance with the local standard operating procedure and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

NOTE: Additional NMIS guidance may be found in AR 40-3 and TC 8-502.

Performance Steps:

1. Log in to NMIS.
 2. Maintain accurate, up-to-date data tables.
 - a. Build item, nutrient, patient, and recipe tables.
 - (1) Build item tables by inputting brands and manufacturers, cost centers, inventory groups, package sizes, and storage location.
 - (2) Build nutrient tables by inputting nutrient sources and personal database names.
 - (3) Build patient tables by inputting types of diet orders, menu carbohydrate exchanges, likes, dislikes, allergies, meal patterns, dietary restrictions, ward room locations, kitchen printers, and smart substitution items.
 - (4) Build recipe tables by inputting recipe category, available portion sizes, available production areas, selling price calculations, and recipe sources.
 - b. Modify (add, delete, or edit) items as information changes.
 3. Maintain accurate, up-to-date food and nutrition supplement items.
 - a. Build each food and nutrition supplement item in use by assigning vendor, package size, costs, storage locations, and nutrient quantities.
 - b. Review inventory and item reports for accuracy.
 - c. Modify (add, delete, or edit) items as information changes.
- NOTE:** Changes may be a result of discrepancies found during the review of reports.
- d. Inactivate items that are no longer in use or available in-house.
 4. Maintain accurate, up-to-date recipes.
 - a. Create each recipe by inputting recipe ingredients, yields, portion sizes, cooks quantity, selling price formula, food allergies, carbohydrate exchanges, and nutrient analysis.
 - b. Review recipe analysis and cost reports for accuracy.
 - c. Modify (add, delete, or edit) items as information changes.

NOTE: Changes may be a result of discrepancies found during the review of reports.

- d. Inactivate recipes no longer in use.
- 5. Maintain accurate, up-to-date regular and therapeutic menus.
 - a. Create menu cycles.
 - b. Input appropriate recipes into menus.
 - c. Modify (add, delete, or edit) items as information changes.
 - d. Inactivate menus no longer in use.
- 6. Delete unneeded data based on published time and in accordance with retention guidelines.
 - a. Delete applicable patient feeding data.

NOTE: Examples of patient feeding data include offered recipes, retained or discharged patients, patient meal service history, and patient master menus.

- b. Delete applicable inventory management data.

NOTE: Examples of inventory management data include obsolete orders and receipts, inventory history and templates, item cost history, issues, returns to stock, and requisitions.

- 7. Log out of NMIS.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Logged in to NMIS.	_____	_____
2 Maintained accurate, up-to-date data tables.	_____	_____
3 Maintained accurate, up-to-date food and nutrition supplement items.	_____	_____
4 Maintained accurate, up-to-date recipes.	_____	_____
5 Maintained accurate, up-to-date regular and therapeutic menus.	_____	_____
6 Deleted unneeded data based on published time and in accordance with retention guidelines.	_____	_____
7 Logged out of NMIS.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-3. *Medical, Dental, and Veterinary Care.*

TC 8-502. *Nutrition Care Operations.*

Related

None

Determine Forecast of Menu Items

081-68M-3500

Conditions: You are tasked with forecasting the menu in a medical treatment facility dining facility servicing guests and patients. You will need a computer with access to the Nutrition Management Information System, access to the point of sale reports, a calculator, and AR 40-25.

Standards: Create menu production worksheets and related menu planning reports to meet population, availability, cost, and occasion requirements with 100% adherence to AR 40-25.

Performance Steps:

1. Analyze historical data and future trends to determine needs.
 - a. Consider the mission.
 - (1) Determine the population supported by the dining facility.
 - (2) Review the days, hours, and services and stations offered.
 - b. Consider availability and adequacy of dining facility staffing and equipment.

NOTE: Are adequate number of staff available to prepare the volume of the meal? Is the staff knowledgeable on the preparation of the items on the menu? Is the facility properly equipped to produce the types and quantities of the planned menu items?

- c. Consider seasonal availability of ingredients.

NOTE: Is the quality of ingredients available without being price prohibitive?

- d. Consider budget.

NOTE: Consider basic daily food allowance reimbursements and a price range that guests are willing to accept and pay.

- e. Record historical headcount quantity.
 - f. Record historical menu item sales quantities.

2. Forecast menu requirements.
 - a. Forecast the headcount for the meal service.
 - b. Forecast the quantities of each menu item for the meal service.
 - (1) Use local reference manual forecasting tools to determine item pack sizes.
 - (2) Determine the most optimal item quantity with the least amount of open ingredient cases.

NOTE: Use a calculator.

3. Input requirements into the Nutrition Management Information System.
 - a. Access the Nutrition Management Information System.
 - b. Access the menu module in the Nutrition Management Information System.
 - c. Input the menu items on the menu.

- d. Input the forecasted headcount.
 - e. Input the forecasted quantity of each menu item.
4. Generate production reports.
 - a. Generate the forecasted meal's production worksheet.
 - b. Generate the forecasted meal's supply pull sheet.
5. Communicate requirements to kitchen personnel through Nutrition Management Information System reports and verbal instruction.
 - a. Provide forecasted meal's production worksheet to the kitchen supervisor.
 - b. Provide the forecasted meal's supply pull sheet to subsistence and supply section.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Analyzed historical data and future trends to determine needs.	_____	_____
2 Forecasted menu requirements.	_____	_____
3 Input requirements into the Nutrition Management Information System.	_____	_____
4 Generated production reports.	_____	_____
5 Communicated requirements to kitchen personnel through Nutrition Management Information System reports and verbal instruction.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

Related

None

Develop a Nutrition Care Menu

081-68M-3501

Conditions: You are in a field or garrison environment tasked with developing menus for hospital patient feeding and dining facility operations with the input of a registered dietitian nutritionist and food service staff. You will need a computer with access to the Nutrition Management Information System and AR 40-25.

Standards: Develop a static or cyclic menu that meets the nutrition, cost guidelines, and registered dietitian nutritionist expectations with 100% adherence to AR 40-25.

Performance Steps:

1. Determine the population type for the new menu to be developed (for example, patients or guests).
2. Determine the frequency (for example, static or cyclic) of the menu to be offered.

NOTE: If the menu will be cyclic, choose the amount of time the cycle will be (for example, two weeks or three weeks).

3. Consult with the designated registered dietitian nutritionist.
 - a. Review the menu nutrient and patient therapeutic requirements and expectations.
 - b. Review the current menu to determine items that will be kept on the new menu.
4. Conduct a menu board meeting with department staff.
 - a. Invite key department personnel.

NOTE: At a minimum, include the forecaster, representatives from kitchen leadership, supply and subsistence, and frontline servers.

- b. Discuss current menu.
 - (1) Notate menu item taste.
 - (2) Price acceptability.
 - (3) Satisfaction survey results.
 - (4) Consider menu item temperature holding capacity and quality.
- c. Discuss new menu items.
- d. Annotate adaptations to current menu recipes and all new menu items that gain group consensus.
- e. Decide on menu items.
 - (1) Consider menu categories and menu mix.
 - (a) Ensure a variety of menu textures and colors for visual appeal.
 - (b) Provide a balance of menu item categories, including at a minimum, entrees, vegetables, starches, desserts, and beverages.
 - (2) Choose existing and new menu recipe additions.
 - (a) Confirm with kitchen leadership that the appropriate equipment and staffing is available.

(b) Confirm with subsistence and supply personnel that new requested ingredients are available.

5. Develop menu recipes.

- a. Access the Nutrition Management Information System.
- b. Search for existing recipes on the new menu.
- c. Make adjustments to existing recipes, if needed.

NOTE: This may include adding, deleting, or changing ingredients and their respective quantity, size, and preparation techniques.

- d. Add new menu recipes to Nutrition Management Information System.
- e. Calculate nutrient analysis on all new menu recipes.
- f. Calculate costs and selling price.

6. Confirm that menu recipes meet nutrition and cost guidelines and registered dietitian nutritionist expectations.

NOTE: Refer to AR 40-25 for standards, and ensure all Department of Defense requirements are being met and offered during meal service.

7. Submit the menu for approval with the designated registered dietitian nutritionist.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Determined the population type for the new menu to be developed (for example, patients or guests).	_____	_____
2 Determined the frequency (for example, static or cyclic) of the menu to be offered.	_____	_____
3 Consulted with the designated registered dietitian nutritionist.	_____	_____
4 Conducted a menu board meeting with department staff.	_____	_____
5 Developed menu recipes.	_____	_____
6 Confirmed that menu recipes meet nutrition and costing guidelines and registered dietitian nutritionist expectations.	_____	_____
7 Submitted the menu for approval with the designated registered dietitian nutritionist.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

Related

None

Develop a Hazard Analysis Critical Control Point Program**081-68M-4504**

Conditions: You are working in production and service of a medical dining facility and responsible for the hazard analysis critical control point (HACCP) program. You will need local policies, TB MED 530, local standard operating procedures, computer, printer, pen, paper, and thermometer.

Standards: Develop a HACCP plan that is current and reduces, prevents, or eliminates food safety hazards to within acceptable levels in accordance with local policies adhering to performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Verify the HACCP plan for compliance with current requirements.

NOTE: If a HACCP plan does not exist, use the below criteria to establish one.

- a. Review HACCP training certification requirements.
- b. Review dining facility food flow safety hazards.

NOTE: Food hazards can be physical, biological, and chemical. Facility areas may include receiving rations, storing rations, distributing rations, cooking, serving, and cleaning dishes and equipment.

- c. Review food process established critical control points, steps, or procedures.

NOTE: Food safety hazards can be physical, biological, and chemical.

- d. Review established critical limits.
- e. Review established monitoring procedures.
- f. Review established verification procedures.
- g. Review established record keeping procedures.

NOTE: The HACCP plan must document critical control points, critical limits, verification, and handling of processing of deviations.

- h. Revise the HACCP plan, if necessary.

2. Implement revisions to the HACCP plan, if applicable.
3. Monitor activities to ensure the process is controlled at each critical control point.
 - a. Establish corrective actions when deviation from critical limits occurs.

NOTE: When it is established that a deviation from the critical limit happens, a corrective action will be performed when critical limits are not met. Corrective actions are to ensure that product remains within the critical limits to ensure the product will not endanger health of patrons.

- b. Record processes of deviations.

4. Verify HACCP plan compliance.
 - a. Review HACCP plans.
 - b. Review critical control point records.
 - c. Review critical limits.
5. Document HACCP plan verification findings.
6. File documentation in accordance with the local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Verified the HACCP plan for compliance with current requirements.	_____	_____
2 Implemented revisions to the HACCP plan, if applicable.	_____	_____
3 Monitored activities to ensure that the process is controlled at each critical control point.	_____	_____
4 Verified HACCP plan compliance.	_____	_____
5 Documented HACCP plan verification findings.	_____	_____
6 Filed documentation in accordance with the local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

TB MED 530. *Tri-Service Food Code*.

Related

None

Subject Area 5: Safety and Storage of Food
Perform a Quality Control Subsistence Inspection
081-68M-2102

Conditions: You are assigned to the subsistence storeroom of a medical treatment facility Nutrition Care Division. You have been tasked as an inventory team member to conduct the monthly inspection. You will need pen, paper, a printout of the Nutrition Management Information System perpetual inventory, automated physical inventory worksheet or DA Form 3234 (*Inventory Record*) and DA Form 3234-1 (*Monthly Inventory Recap Sheet for DA Form 3234*), TC 8-502, and the local standard operating procedures.

Standards: Account for all on-hand subsistence items on the last day of the month (or last working day), and calculate the inventory value in accordance with command policies, local standard operating procedures, and applicable references adhering to all task warnings, cautions, and performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Split inspectors into two inventory teams.

NOTE: Each team will conduct a complete inventory of items and document findings on separate forms.

2. Conduct pre-inventory preparations the day before the scheduled inspection.
 - a. Verify that Nutrition Care Division staff returned all unopened items in the ingredient room, kitchen, and freezers to the main subsistence for proper accountability.
 - b. Verify the availability of all documents necessary to complete the inspection (DA Form 3234, DA Form 3234-1, or automated physical inventory worksheets).

NOTE: The noncommissioned officer in charge, Production and Service ensures Supply and Subsistence personnel have appropriate time and the documents necessary to complete the inspection.

- c. Verify that Supply and Subsistence personnel aligned stocks to expedite inspection.

NOTE: If stocks were not aligned, align them prior to the inspection.

- d. Verify that there are not any supplies and subsistence scheduled for receipt or issue during the inspection.

NOTE: Subsistence receipts and issues are not scheduled while the inventory is in progress. Receipts during the inventory period are added to the inventory after both teams have completed their counts. Issues on the day of inventory will note BEFORE INVENTORY or AFTER INVENTORY on the top of DA Form 2930 (*Hospital Food Service - Kitchen Requisition*).

3. Physically count all unused supply and subsistence items.

NOTE: Inventories include all foods, beverages, and ingredients in the storeroom. This includes direct delivery subsistence items such as ice cream, soda cylinders, fresh fruits, and vegetables.

- a. Inspect the quality, freshness, and shelf life of all items.
 - (1) Discard any items that fail this inspection.
 - (2) Annotate discarded items.
- b. Account for all items by weight.

NOTE: Do not use case or package size.

- c. Record the physical inventory findings on DA Form 3234 and DA Form 3234-1 or automated physical inventory worksheet in ink.

4. Repeat inventory (step 3) for all receipts during the inventory period.

5. Reconcile counts between both inspection teams.

NOTE: Reconciliation of counts between the teams should not take place until all counts of a major section are completed by both teams.

- a. Line-through the incorrect figure, and enter the correct figure in ink.
- b. Assess inventory value by multiplying the number of issue units on hand by the most recent price of the item.
- c. Annotate "Inventory completed on (date). All discrepancies were reconciled. Inventory is accurate to the best of my knowledge."
- d. Sign statement.

NOTE: All members of the inventory team sign the statement. Final counts are accepted only after both team counts agree.

6. Compare physical inventory to perpetual inventory.

NOTE: If significant discrepancies exist, the Chief, Nutrition Care Division takes action to investigate the reason for the discrepancies.

7. Submit final count for review and closure to the Chief, Nutrition Care Division or designee.

8. Retain inspection records in accordance with the local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Split inspectors into two inventory teams.	_____	_____
2 Conducted pre-inventory preparations the day before the scheduled inspection.	_____	_____
3 Physically counted all unused supply and subsistence items.	_____	_____
4 Repeated inventory (step 3) for all receipts during the inventory period.	_____	_____
5 Reconciled counts between both inspection teams.	_____	_____

Performance Measures:

	GO	NO GO
6 Compared physical inventory to perpetual inventory.	_____	_____
7 Submitted final count for review and closure to the Chief, Nutrition Care Division or designee.	_____	_____
8 Retained inspection records in accordance with the local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**

DA Form 2930. *Hospital Food Service - Kitchen Requisition.*

DA Form 3234. *Inventory Record.*

DA Form 3234-1. *Monthly Inventory Recap Sheet for DA Form 3234.*

TC 8-502. *Nutrition Care Operations.*

Related

None

Process the Receipt of Nutrition Care Subsistence**081-68M-2103**

Conditions: You are in a medical treatment facility, and a shipment of subsistence has just arrived that needs to be processed. You will need a calibrated digital infrared thermometer, paper, pen or pencil, computer, vendor receipt, AR 40-657, Defense Logistics Agency Troop Support Handbook 4155.2, TB MED 530, and local standard operating procedures.

Standards: Appropriately account for received subsistence in accordance with AR 40-657, local standard operating procedures, and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Perform a Receipt Inspection of Subsistence (see task 081-000-0169, Perform a Receipt Inspection of Subsistence).
2. Reject the product ensuring the vendor appropriately credits the order.
3. Accept the delivery.
 - a. Sign appropriate vendor receipts.
 - b. Retain a copy in accordance with the local standard operating procedure.
4. Store all received subsistence in a timely manner in accordance with food safety guidelines.
5. Process the vendor receipt using the Defense Logistics Agency Subsistence Total Order and Receipt Electronic System.

NOTE: For appropriate control, the individual authorized to receive subsistence is not the same person authorized to order it.

6. Deliver the vendor receipt to the Nutrition Care Division cost accounting clerk for Nutrition Management Information System and payment processing.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Performed a Receipt Inspection of Subsistence (see task 081-000-0169, Perform a Receipt Inspection of Subsistence).	_____	_____
2 Rejected the product ensuring the vendor appropriately credits the order.	_____	_____
3 Accepted the delivery.	_____	_____
4 Stored all received subsistence in a timely manner in accordance with food safety guidelines.	_____	_____

Performance Measures:

	GO	NO GO
5 Processed the vendor receipt using the Defense Logistics Agency Subsistence Total Order and Receipt Electronic System.	_____	_____
6 Delivered the vendor receipt to the Nutrition Care Division cost accounting clerk for Nutrition Management Information System and payment processing.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**

AR 40-657. *Veterinary/Medical Food Safety, Quality Assurance, and Laboratory Service.*
Defense Logistics Agency Troop Support Handbook 4155.2. *Subsistence - Inspection of Composite Operational Rations.*
TB MED 530. *Tri-Service Food Code.*

Related

None

Skill Level 1

Subject Area 6: Clinical Nutrition

Assess the Nutritional Adequacy of a Patient's Diet

081-68M-1300

Conditions: You are working in a medical treatment facility clinical dietetics branch and have received a referral to determine dietary nutritional adequacy for a patient with a specific medical condition that may be directly related to the patient's dietary intake. You will need access to the Nutrition Management Information System and patient's electronic health record, medical provider's referral or registered dietitian nutritionist written order, *Dietary Guidelines for Americans 2015-2020*, and access to the [Nutrition Care Manual](#) website.

Standards: Assess the nutritional adequacy of the patient's diet in accordance with the *Dietary Guidelines for Americans 2015-2020*. Accurately determine the patient's nutritional requirements, and provide appropriate dietary improvement recommendations to the patient.

NOTE: The *Dietary Guidelines for Americans* is usually updated every 5 years.

Performance Steps:

1. Schedule the patient for a dietary recall appointment.
 - a. Contact patient to coordinate appointment.
 - b. Instruct the patient to record food intake for three days.
 - c. Request the patient bring his or her food intake records to the appointment.
2. Review the patient's medical record and provider's referral or registered dietitian nutritionist's written order.
3. Record patient information on the interview paperwork.
 - a. Patient's full name and date of birth.
 - b. Patient's height, weight, and body mass index.
 - c. Patient's nutrition related medical history and diagnoses (for example, diabetes or hypertension).
 - d. Information from previous dietary recalls in the patient's medical record.
 - e. Specific dietary concerns from the referral or diet order.
 - f. Other risk factors (for example, previous surgeries or hospitalizations).
4. Conduct dietary recall interview.
 - a. Retrieve materials to conduct the dietary recall interview.
 - (1) [Nutrition Care Manual](#) website.
 - (2) Recorded notes on interview paperwork from review of patient's medical record and provider's referral or registered dietitian nutritionist's written order.
 - b. Outpatient interview.
 - (1) Greet patient.
 - (a) Welcome patient cordially to the clinic.
 - (b) Smile and be polite and approachable.

- (c) Introduce yourself to the patient by stating your name and position.
- (d) Verify patient identity by asking for full name.
- (e) Lead the patient to the confidential area where the interview will be taking place.
- (f) Allow the patient to sit first, and ask if the interview area is comfortable (for example, room lighting, temperature, and chair).

NOTE: Assist with storage or placement of the patient's additional items (for example, purses, backpacks, or umbrellas).

- (g) Reconfirm the purpose of the visit, and relay that you will be reviewing the patient's food intake history.
 - (h) Ensure the patient is made aware of the expected duration of the interview.
- (2) Review patient's food intake history.

NOTE: If patient did not bring a completed food intake history, complete a verbal three-day dietary recall. Document on plain paper.

- (a) Ask patient for food journal.
 - (b) Review the patient's food journal.
 - (c) Ask clarifying questions regarding patient's food and beverage consumption (for example, specifications of food or beverage items and portion sizes consumed).
 - (d) Ask probing questions if missing information is indicated (for example, were snacks and beverages accounted for, or were meal item accompaniments and condiments accounted for).
 - (e) Ask patient when food and beverages are consumed, and notate meal frequency.
 - (f) Ask the patient his or her food and beverage likes, dislikes, and allergies.
- (3) Answer questions the patient may have regarding his or her diet order.
- (4) Escort patient out of the clinic.
- c. Inpatient interview.
- (1) Greet patient.
- (a) Knock audibly on patient's door.
 - (b) Enter patient's room when acknowledged.
 - (c) Smile and be polite and approachable.
 - (d) Introduce yourself to the patient by stating your name and position.
 - (e) Verify patient identity by asking for full name and date of birth.
 - (f) State that the purpose of the visit is to conduct a dietary recall interview.
 - (g) Communicate to the patient the expected duration of visit.
 - (h) Confirm with the patient if the present time is an appropriate time to conduct the interview.

NOTE: If it is not an appropriate time for the patient, schedule a later time to come back to speak with him or her.

- (2) Conduct a dietary recall interview for food intake history.
 - (a) Inquire about patient's food and beverage consumption while admitted.
 - _1_ Record percentages of amounts eaten and types and amounts of food and beverages consumed but not provided by the department (for example, food brought in by family).
 - _2_ Inquire about the reason why the patient did not eat the food (for example, patient does not like the menu item, patient was not hungry, or menu item did not appear appetizing or was not good quality).

NOTE: Report issues that may be hindering the patient's full consumption of food items (for example, temperature or quality) to appropriate leadership (for example, kitchen leadership and registered dietitian nutritionist).

- (b) Complete three-day dietary recall of food consumed.

NOTE: Document on plain paper.

- (c) Review the patient's food intake history.
 - _1_ Ask clarifying questions regarding patient's food and beverage consumption (for example, specifications of food or beverage items and portion sizes consumed).
 - _2_ Ask probing questions if missing information is indicated (for example, were snacks and beverages accounted for or were meal item accompaniments and condiments accounted for).
 - _3_ Ask patient when food and beverages are consumed, and notate meal frequency.
 - _4_ Ask the patient his or her food and beverage likes, dislikes, and allergies.
 - (3) Answer questions the patient may have regarding his or her diet order.
 - (4) Conclude interview by thanking patient for his or her time, and exit the room.

5. Calculate the patient's consumed dietary intake.

NOTE: Use separate sheets of paper for the patient's consumed dietary intake and for the suggested dietary intake.

- a. Complete a 24-hour calorie count in the Nutrition Management Information System, if indicated.
 - (1) Gather patient's plate consumption and waste data from kitchen personnel and ward nursing staff per local policy.
 - (2) Compare the calorie count results in the Nutrition Management Information System with the patient's verbal dietary recall.
 - (3) Reconcile any differences with the staff gathering the plate consumption data and the patient.
 - (4) Access the Nutrition Management Information System.
 - (5) Access the patient module in the Nutrition Management Information System.
 - (6) Search for and pull up the patient's record in the Nutrition Management Information System.

- (7) Assign a calorie count to a patient's diet order.
- (8) Access the Patient Intake tab.
- (9) Record the actual portion of food and beverages that the patient consumed for each menu item (for example, 1/4, 1/2, 1, or none).
- (10) Add in additional food and beverages not on the patient's original menu for nutrient analysis, if applicable.
- (11) Review the results of the calorie count, and investigate and remedy any appearance of discrepancies.
- (12) Print the nutrient analysis (intake analysis report) of the patient's consumption.
- b. Determine the patient's consumed dietary intake for each food category.
 - (1) Refer to the patient's food journal and interview paperwork.
 - (2) Group all food items in the same category together.

NOTE: For example, starches, meats, non-starchy vegetables, dairy, and fruit.

- (3) Record the portion sizes for each food item the patient consumed.
 - (4) Calculate the total number of servings consumed for each food category.
 - (5) Annotate each food category's consumed number of servings for each day.
6. Calculate the patient's recommended dietary intake.
- a. Determine the patient's suggested intake for each food category.
 - (1) Research dietary recommendations to meet the prescribed diet by accessing guidelines on [MyPlate](#) website.
 - (2) Calculate nutritional requirements for exact macronutrient needs.

NOTE: The Dietary Reference Intake acceptable macronutrient distribution range is the range of intake for a particular energy source that is associated with reduced risk of chronic disease while providing intakes of essential nutrients. If an individual consumes in excess of the acceptable macronutrient distribution range, there is a potential of increasing the risk of chronic disease and insufficient intakes of essential nutrients. The acceptable macronutrient distribution range listed should only be used for adults greater than 18 years of age.

- (a) Calculate patient's caloric needs.

NOTE: A patient's caloric needs can be determined using the Mifflin-St. Jeor Equations, Harris Benedict Equations, or the National Academy of Science Dietary Reference Intakes for Energy. The Mifflin-St. Jeor Equations should only be used on adults 18 years or older.

- (b) Calculate protein distribution.
- (c) Calculate carbohydrate distribution.
- (d) Calculate fat distribution.
- b. Annotate each food category's recommended number of servings for each day, including recommended number of servings of water.

7. Compare the items consumed by the patient to the recommended nutrition prescription (if applicable).

NOTE: The patient's daily food intake can be accessed on the [MyPlate](#) website and entered on the [MyPlate](#) application. The application will compare the entry to the patient's daily intake recommendations.

8. Enter dietary recall assessment results into the patient's electronic health record for review by the registered dietitian nutritionist and other providers.
 - a. Number of servings currently consumed per food category including beverages.
 - b. Meal and snack frequency and timeframes of consumption.
 - c. Patient feedback on food and beverage likes, dislikes, and allergies.
 - d. Recommended nutritional intake, as per provided nutrition prescription and per [MyPlate](#) recommendations.
 - e. Recommendations for ways to improve dietary habits based on the evaluation.

NOTE: If a patient's nutritional intake is lacking or exceeds the daily allowance, several recommendations may be offered.

9. Follow up with the patient on the outcome of the diet review and any dietary recommendations.

NOTE: This can be done by either the 65C or 68M. If the patient is being seen in person as an outpatient, this may be done by a 65C. A 68M can follow up by a phone call.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Scheduled the patient for a dietary recall appointment.	_____	_____
2 Reviewed the patient's medical record and provider's referral or registered dietitian nutritionist's written order.	_____	_____
3 Recorded patient information on the interview paperwork.	_____	_____
4 Conducted dietary recall interview.	_____	_____
5 Calculated the patient's consumed dietary intake.	_____	_____
6 Calculated the patient's recommended dietary intake.	_____	_____
7 Compared the items consumed by the patient to the recommended nutrition prescription (if applicable).	_____	_____
8 Entered dietary recall assessment results into the patient's electronic health record for review by the registered dietitian nutritionist and other providers.	_____	_____
9 Followed up with the patient on the outcome of the diet review and any dietary recommendations.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

Dietary Guidelines for Americans 2015-2020.

[MyPlate](#) website.

[Nutrition Care Manual](#) website.

Related

None

Modify a Diet Plan

081-68M-1301

Conditions: You are working in an operational environment and have received a written or verbal request for a modified diet. You will need a pencil, modified diet menu pattern, menu, the production planning report, completed DA Form 2924 (*Hospital Food Service - Dietary History Record*) or similar locally produced facility form, DA Form 1829 (*Hospital Food Service - Ward Diet Roster*) or similar facility form, and access to the [Nutrition Care Manual](#) website.

Standards: Modify the patient's menu pattern within 24 hours of receipt of the request. The modifications account for patient likes, dislikes, and food allergies or intolerances and meets nutritional requirements by accessing the [Nutrition Care Manual](#) website, AR 40-25, ATP 4-02.10, and NATICK Pam 30-25 adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review the patient's modified diet order.
2. Select a modified menu pattern for the patient that matches the diet indicated on DA Form 1829 and DA Form 2924 or on the locally produced form or system.
3. Complete the patient's menu pattern identification section for each meal (breakfast, lunch, and dinner) using information found on DA Form 1829 and DA Form 2924 or the locally produced form or system.

NOTE: May not be applicable if local facility uses a computerized system.

- a. Enter patient's name.
 - b. Enter patient's date of birth.
 - c. Enter ward number.
 - d. Enter room number.
 - e. Enter date.
4. Alter the patient's menu pattern to meet modification requirements.
 - a. Remove the dislikes and food allergies or intolerances from the menu pattern.
 - (1) Annotate any allergies or intolerances at the bottom of the menu pattern for each meal.

NOTE: Be sure to highlight the allergy or intolerance, so it can easily be seen by staff working the patient tray service line.

- (2) Review the DISLIKES side of the DA Form 2924 or the locally produced form or system.
- (3) Compare the foods appearing on the production planning report with the DISLIKES column of the DA Form 2924 or the locally produced form or system.
- b. Enter the desired replacement food item and the amount using the appropriate dietary restrictions.

- (1) Identify acceptable substitutions to the items removed from the patient's menu pattern.

NOTE: Do not replace the dislike item with the same item the patient will receive at the meal before or the meal after.

- (2) Review the LIKES side of the DA Form 2924 or the locally produced form or system.
- c. Indicate the patient's beverage preference.

NOTE: A notation of beverages is dependent on local menu pattern. Beverage choices may be written on a similar locally produced form as opposed to circling or drawing a line through choices.

- (1) Ensure the patient's beverage preference is within the specific guidelines of the patient's diet as outlined by accessing the [Nutrition Care Manual](#) website.
- (2) Circle desired beverages.
- (3) Draw a line through disliked beverages.

5. Deliver the patient's menu pattern to patient tray service for meal preparation within 24 hours of the modification request.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed the patient's modified diet order.	_____	_____
2 Selected a modified menu pattern for the patient that matched the diet indicated on DA Form 1829 and DA Form 2924 or on the locally produced form or system.	_____	_____
3 Completed the patient's menu pattern identification section for each meal (breakfast, lunch, and dinner) using information found on DA Form 1829 and DA Form 2924.	_____	_____
4 Altered the patient's menu pattern to meet modification requirements.	_____	_____
5 Delivered the patient's menu pattern to patient tray service for meal preparation within 24 hours of the modification request.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

ATP 4-02.10. *Theater Hospitalization.*

DA Form 1829. *Hospital Food Service - Ward Diet Roster.*

DA Form 2924. *Hospital Food Service - Dietary History Record.*

NATICK Pam 30-25. *Operational Rations of the Department of Defense.*

[Nutrition Care Manual](#) website.

Related

None

Conduct Patient Nutrition Education**081-68M-1305**

Conditions: You are in a medical treatment facility or field environment and have received a patient diet order from a health care provider. You will need a pen, clipboard, and the patient's medical record. You have access to the [Nutrition Care Manual](#) website, local standard operating procedures, and various dietary handout materials.

Standards: Conduct nutrition education specific to the diet order and in accordance with the [Nutrition Care Manual](#) website for nutritional requirements adhering to all performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Gather all required materials.
 - a. Patient's medical records.

NOTE: Prior to the patient's scheduled appointment, check that all records have been delivered. Review the patient's records before the appointment.

- b. Appropriate nutritional instruction handouts needed for instruction.
 - c. The [Nutrition Care Manual](#) website.
 - d. Updated phone guide for appointments or follow-ups.
 - e. Clipboard.
 - f. Pen.
 - g. Applicable references.

2. Review patient's medical records.
 - a. Verify the patient's name.
 - b. Ensure correct diet is prescribed.
 - c. Check additional physician's notes (for example, patient is hard of hearing).
 - d. Review changes to the patient's diet order.

NOTE: If there are any discrepancies in the diet order, contact the health care provider who originated the order or consult. Notify the clinical dietetics office immediately for changes in inpatient diet needs.

- e. Verify age, height, weight, and gender.
 - f. Review patient's medication and supplement record.

3. Review the [Nutrition Care Manual](#) website for specific dietary guidelines and food and nutrient drug interactions.

NOTE: If there is a change to the original diet order that would significantly alter the content of instruction, notify the clinical dietetics office, and await further instructions from the dietitian.

4. Greet the patient.
 - a. Knock on the door, and wait for permission to enter.

NOTE: During field operations, follow established protocol when entering a patient's area.

- b. Introduce yourself stating your name, rank, job title, and the purpose of the visit.
- 5. Verify patient identity by asking patient's full name and date of birth.

NOTE: Always address the patient by proper name and title.

- 6. Explain the diet order to the patient.
 - a. Ensure that the patient is aware the health care provider has ordered a modified diet for him or her.
 - b. Discuss the basic principles of the diet.
 - c. Discuss foods allowed and foods to avoid on the prescribed diet or any possible food or nutrient drug interactions that might occur if taking medication or supplements.
 - d. Provide applicable dietary handout material to the patient.
 - e. Periodically ask questions during the discussion to assess the patient's understanding of the instructions.
 - f. Ask the patient if he or she has any questions.
- 7. Schedule a follow-up appointment.

NOTE: Not all patients will need a follow-up appointment. Assess individual need based on recommendations from the dietitian.

- a. Establish a date and time.
 - b. Annotate the appointment on clinic schedule.
 - c. Provide patient with appointment reminder with clinic contact information.
- 8. Dismiss the patient from the clinic, or exit the room quietly.
- 9. Document the nutrition instruction or consult in the patient's medical record using the local facility form or computerized charting system.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Gathered all required materials.	_____	_____
2 Reviewed patient's medical records.	_____	_____
3 Reviewed the Nutrition Care Manual website for specific dietary guidelines and food or nutrient drug interactions.	_____	_____
4 Greeted the patient.	_____	_____
5 Verified patient identity by asking patient's full name and date of birth.	_____	_____
6 Explained the diet order to the patient.	_____	_____

Performance Measures:

	GO	NO GO
7 Scheduled a follow-up appointment.	_____	_____
8 Dismissed the patient, or exited the room quietly.	_____	_____
9 Documented the nutrition instruction or consult in the patient's medical record using the local facility form or computerized charting system.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**

[Nutrition Care Manual](#) website.

Related

None

Process a Diet Order for a Patient/Casualty

081-68M-1303

Conditions: You are in a hospital environment and have received a registered dietitian written or verbal order to process a diet order for a patient or casualty. You have access to the [Nutrition Care Manual](#) website, DA Form 1829 (*Hospital Food Service - Ward Diet Roster*) or locally produced ward roster form, DA Form 2924 (*Hospital Food Service - Dietary History Record*) or equivalent local form or computerized system, local standard operating procedures, completed and blank menus, production planning report, and completed and blank nourishment labels.

Standards: Modify the patient's menu pattern within 24 hours of receipt of the request. The modifications account for patient likes, dislikes, and food allergies or intolerances and meets nutritional requirements in accordance with AR 40-25, ATP 4-02.10, NATICK Pam 30-25, and the [Nutrition Care Manual](#) website adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review the patient's modified diet order.
2. Select a modified menu pattern for the patient that matches the diet indicated on DA Form 1829 and DA Form 2924 or the locally produced form or system.
3. Complete the patient's menu pattern identification section for each meal (breakfast, lunch, and dinner) using information found on DA Form 1829 and DA Form 2924 or the locally produced form or system.

NOTE: May not be applicable if local facility uses a computerized system.

- a. Enter patient's name.
 - b. Enter patient's date of birth.
 - c. Enter ward number.
 - d. Enter room number.
 - e. Enter date.
4. Alter the patient's menu pattern to meet modification requirements.
 - a. Remove the dislikes and food allergies or intolerances from the menu pattern.
 - (1) Annotate any allergies or intolerances at the bottom of the menu pattern for each meal.

NOTE: Be sure to highlight the allergy or intolerance, so it can easily be seen by staff working the patient tray service line.

- (2) Review the DISLIKES side of DA Form 2924 or the locally produced form or system.
- (3) Compare the foods appearing on the production planning report with the DISLIKES column of DA Form 2924 or the locally produced form or system.

b. Enter the desired replacement food item and the amount using the appropriate dietary restrictions.

(1) Identify acceptable substitutions to the items removed from the patient's menu pattern.

NOTE: Do not replace the dislike item with the same item the patient will receive at the meal before or the meal after.

(2) Review the LIKES side of the DA Form 2924 or the locally produced form or system and the [Nutrition Care Manual](#) website.

c. Indicate the patient's beverage preference.

NOTE: A notation of beverages is dependent on local menu pattern. Beverage choices may be written on the local produced ward roster form as opposed to circling or drawing a line through choices.

(1) Ensure the patient's beverage preference is within the specific guidelines of his or her diet as outlined by the [Nutrition Care Manual](#) website.

(2) Circle desired beverages.

(3) Draw a line through disliked beverages.

5. Deliver the patient's menu pattern to patient tray service for meal preparation within 24 hours of the modification request.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Reviewed the patient's modified diet order.	_____	_____
2 Selected a modified menu pattern for the patient that matched the diet indicated on DA Form 1829 and DA Form 2924 or the locally produced form or system.	_____	_____
3 Completed the patient's menu pattern identification section for each meal (breakfast, lunch, and dinner) using information found on DA Form 1829 and DA Form 2924 or the locally produced form or system.	_____	_____
4 Altered the patient's menu pattern to meet modification requirements.	_____	_____
5 Delivered the patient's menu pattern to patient tray service for meal preparation within 24 hours of the modification request.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all

performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-25. *Nutrition and Menu Standards for Human Performance Optimization.*

ATP 4-02.10. *Theater Hospitalization.*

DA Form 1829. *Hospital Food Service - Ward Diet Roster.*

DA Form 2924. *Hospital Food Service - Dietary History Record.*

NATICK Pam 30-25. *Operational Rations of the Department of Defense.*

[Nutrition Care Manual](#) website.

Related

None

Determine the Nutritional Risk of a Patient/Casualty**081-68M-1304**

Conditions: You are working in a hospital environment and have a patient or casualty who has been admitted and requires nutritional risk determination. You will need a clipboard, calculator, access to the patient's electronic health record, DA Form 1829 (*Hospital Food Service - Ward Diet Roster*) or locally produced equivalent form, access to the [Nutrition Care Manual](#) website, local nutrition care screening note template, and ATP 4-02.10 or local standard operating procedure (SOP) and TC 8-502.

Standards: Determine and submit the patient's nutritional risk to the noncommissioned officer in charge or registered dietitian within 24 hours of admission in accordance with command policies, local SOPs, and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Collect DA Form 1829 or the locally produced equivalent form from the locally approved location.
 - a. Verify that DA Form 1829 or the locally produced equivalent form is current by checking the date of completion.
 - b. Review the date of admission on the DA Form 1829 or the locally produced equivalent form for all patients to determine the new patients who need to be assessed.
2. Identify new admissions who require interviews to be added to DA Form 1829 or the locally produced equivalent form.
 - a. Compare the patient electronic health record to the submitted DA Form 1829 or locally produced equivalent form.

NOTE: If not using the electronic health record, use the physical health record.

- b. Check all patient admission dates in the health record.
 - c. Identify new patients only listed in the health records.
 - d. Write new patient(s) demographic and diet order information on DA Form 1829 or the locally produced equivalent form.
3. Prepare a local nutrition care screening note for each new admission with the patient information from DA Form 1829 or the locally produced equivalent form.
 - a. Full name.
 - b. Ward or bed number.
 - c. Date of admission.
 - d. Current diet order, restrictions, and presentation or delivery modifications.
4. Document objective information on the local nutrition care screening note in accordance with the clinic SOP.
 - a. Review the patient's health record for:
 - (1) Patient date of birth and age.
 - (2) Height (inches).

- (3) Actual body weight (ABW).
- (4) Body mass index.
- (5) Chief complaint and diagnosis.
- (6) Past medical history.
- (7) Past surgical history.
- (8) Pertinent nutritional lab values.
- b. Annotate review findings on the local nutrition care screening note.

5. Document dietary guidelines of the diet order on the local nutrition care screening note in accordance with the clinic SOP.

- a. Review the [Nutrition Care Manual](#) website for specific dietary guidelines:
 - (1) Foods allowed.
 - (2) Authorized portion sizes.
 - (3) Foods to avoid.
- b. Annotate review findings on the local nutrition care screening note.

6. Gather materials needed for the assessment visit.

- a. Clipboard.
- b. Pen.
- c. Local nutrition care screening note and additional paper.

7. Confirm patient availability when reporting the purpose of visit to the nurses station.

NOTE: Ask the nurse if there are any scheduled procedures or other reasons why the patient may not be available for an interview at this time.

- 8. Greet the patient with a smile.
 - a. Enter patient's room when acknowledged and permission is granted.

NOTE: During field operations, follow established protocol when entering a patient's area.

- b. Be polite and approachable.
- c. Introduce yourself to the patient by stating your name and position.
- d. State the purpose of the visit.
- e. Verify patient availability by communicating the expected duration of the visit.

NOTE: Distraction may hinder the patient's understanding and comprehension. Ensure the patient is receptive and no other distractions exist. If this is not possible, ask the patient if you may return at a more convenient time.

9. Verify patient's identity before beginning the interview.

NOTE: That is, the patient's name and date of birth. Always use the patient's proper name when addressing him or her.

10. Interview the patient for subjective information documenting all information on the local nutrition care screening note in accordance with the clinic SOP.

- a. Obtain patient history of:
 - (1) Recent weight changes.

NOTE: If there has been a recent change in the patient's weight, ask how much weight was gained or lost and over what period of time it occurred.

- (2) Nausea.

NOTE: If patient states any incidence of nausea, follow up and ask how long it has been occurring.

- (3) Vomiting.

NOTE: If patient states any incidence of vomiting, follow up and ask how long it has been occurring.

- (4) Diarrhea.

NOTE: If patient states any incidence of diarrhea, follow up and ask how long it has been occurring.

- (5) Appetite change.
 - (6) Chewing or swallowing difficulties.
 - (7) Food allergies.
 - (8) Vitamin, mineral, herbal, or other dietary supplements used.

NOTE: If patient uses any vitamin, mineral, herbal, or other dietary supplements, ask how often he or she takes them and what time period he or she has been using them.

- (9) Diet followed at home.
 - (10) Typical eating pattern.
 - (11) Primary food shopper and food preparer at home.
 - (12) Food storage and preparation area availability.
 - (13) Mobility or other physical limitations that can hinder food purchases, storage, preparation, consumption, or sanitation.
- b. Visually assess the patient's physical inabilities or limitations to determine if foods must be processed for easier consumption.
- c. Obtain usual body weight (UBW) from the patient.
- d. Obtain patient food preferences and particular food likes and dislikes.

NOTE: Preferences will then be documented on the local unit diet history report. Medical facilities using a room-service based system may not require documentation of food preferences. Follow the local SOP.

- (1) Do not answer questions or commit to special requests that are beyond your scope of training.

NOTE: Tell the patient you will refer the question or special requests to the noncommissioned officer in charge or registered dietitian and will return with the answer.

- (2) Discuss food preferences, likes, and dislikes.
- e. Discuss the restrictions of the patient's diet order.
- f. Assess patient understanding.

NOTE: Refer all unanswered patient concerns and questions to the registered dietitian.

- g. Thank the patient for his or her time.
- h. Exit the room quietly.

11. Assess the nutritional adequacy of the patient's diet.

NOTE: Refer to task 081-68M-1300, Assess the Nutritional Adequacy of a Patient's Diet.

12. Determine the patient's level of nutritional risk (high, moderate, or uncompromised) based on the information obtained.

NOTE: A patient is determined to be high or moderate nutritional risk if he or she has at least one risk indicator in either category. (1) Nutrition status not compromised: provide basic nutrition services. (2) Moderate risk: must be seen by dietitian within 48 hours. (3) High risk: must be seen by dietitian within 24 hours.

- a. Calculate the patient's ideal body weight (IBW) using the Hamwi's method.

NOTE: Hamwi's method (rule of 5 and 6). Formula for medium-frame woman: allow 100 pounds (lbs.) for first 5 feet (ft.) of height, plus 5 lbs. for each additional inch. Formula for medium-frame man: allow 106 lbs. for first 5 ft. of height, plus 6 lbs. for each additional inch. Small or large frame: subtract or add 10%. **EXAMPLE:** A medium-framed woman who is 5 ft. 5 inches would have an ideal body weight of 125 lbs. (5 ft. = 100 lbs.; 5 inches = $5 \times 5 = 25$ lbs.; $100 + 25 = 125$ lbs.).

- b. Calculate the percentage IBW.

NOTE: Divide the patient's ABW by the IBW, and then multiply the IBW by 100 to get a percentage. **EXAMPLE:** 140 lbs. ABW \div 150 lbs. IBW = 0.93, $0.93 \times 100 = 93\%$. Remember, the ABW was gathered from the patient's health record.

- c. Calculate the percentage of weight change.

NOTE: Use the patient's UBW, obtained in the interview, to determine percentage of weight change (PWC). $PWC = ABW - UBW \div UBW \times 100$. **EXAMPLE:** 150 lbs. UBW - 140 lbs. (ABW) = 10 lbs. Weight Change 10 lbs. $Weight\ Change \div 150\ lbs.\ UBW = 0.066 \times 100$ and round up to 7% weight change.

- d. Compare the information obtained during the interview with the risk indicators found in the local SOP or ATP 4-02.10.

13. Complete the local nutrition care screening note in the patient's electronic health record.

- a. Input patient interview data from a local nutrition care screening notes.
- b. Electronically sign the note.

14. Submit a physical copy of the completed local nutrition care screening notes to the clinical office.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Collected DA Form 1829 or the locally produced equivalent form from the locally approved location.	_____	_____
2	Identified new admissions that require interviews to be added to DA Form 1829 or the locally produced equivalent form.	_____	_____
3	Prepared a nutrition care screening note for each new admission with the patient information from DA Form 1829 or the locally produced equivalent form.	_____	_____
4	Documented objective information on the nutrition care screening note in accordance with the clinic SOP.	_____	_____
5	Documented dietary guidelines of the diet order on the nutrition care screening note in accordance with the clinic SOP.	_____	_____
6	Gathered materials needed for the assessment visit.	_____	_____
7	Confirmed patient availability when reporting the purpose of visit to the nurses station.	_____	_____
8	Greeted the patient with a smile.	_____	_____
9	Verified patient's identity before beginning the interview.	_____	_____
10	Interviewed the patient for subjective information documenting all information on the nutrition care screening note in accordance with the clinic SOP.	_____	_____
11	Assessed the nutritional adequacy of the patient's diet.	_____	_____
12	Determined the patient's level of nutritional risk (high, moderate, or uncompromised) based on the information obtained.	_____	_____
13	Completed the nutrition screening notes in the patient's electronic health record.	_____	_____
14	Submitted a physical copy of the completed nutrition care screening notes to the clinical office.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

ATP 4-02.10. *Theater Hospitalization.*

DA Form 1829. *Hospital Food Service - Ward Diet Roster.*

[Nutrition Care Manual](#) website.

TC 8-502. *Nutrition Care Operations.*

Related

None

Prepare a Therapeutic Diet

081-68M-1308

This individual task was presented earlier in the STP on page 3-1 as a readiness requirements task. The content requirements are the same.

Prepare a Modified Diet Plan Based on Cultural or Religious Preference

081-68M-1309

This individual task was presented earlier in the STP on page 3-6 as a readiness requirements task. The content requirements are the same.

Conduct Nutrient Analysis

081-68M-1307

This individual task was presented earlier in the STP on page 3-3 as a readiness requirements task. The content requirements are the same.

Conduct Patient/Casualty Feeding Operations

081-68M-1306

Conditions: You are in a garrison or medical treatment facility dining facility and have received notification to prepare today's meals for delivery. You will need the help of one assistant, a steam table, a cold food table and refrigerators, food trays with lids, an assortment of pans and hot pads, serving trays, dinnerware, serving utensils, a gram scale, cutting board, cook's knife, measuring cups, food thermometer, one 3-quart container, ice, wheeled gurney, production planning report, special tally sheet, DA Form 1829 (*Hospital Food Service - Ward Diet Roster*), early, late, and delayed tray roster, patient tray service standard operating procedures, and TC 8-502.

Standards: Prepare patient or casualty meal trays in accordance with the patient or standard menu pattern. Establish a patient feeding system where all food is prepared, maintained, and delivered in accordance with required food safety temperatures. Meal trays are delivered to the correct ward and patient at the designated time.

Special Condition: You are assigned in a deployed military medical treatment facility dining facility during medical field feeding operations and have received notification to prepare today's meals for delivery. You will need the help of one assistant, a steam table, a cold food table and refrigerators, insulated food containers, an assortment of pans and hot pads, serving trays, plastic ware, serving utensils, a gram scale, cutting board, cook's knife, measuring cups, food thermometer, medical field feeding cart, 3-quart container, labels, ice, production planning report, special tally sheet, DA Form 1829, a local unit field production schedule, patient tray service standard operating procedure, and TC 8-502.

Performance Steps:

1. Review production reports and rosters.
 - a. Review the production planning report or medical field production schedule for:

NOTE: The medical field production schedule is used during medical field feeding operations.

- (1) Menu items prepared for the meal.
 - (2) Number of modified diets.
 - (3) Portion sizes.
 - (4) Serving time.
- b. Review DA Form 1829 for number of regular and modified diets needed for the meal.
- c. Review early, late, and delayed tray roster.

NOTE: The roster will indicate status of patients requiring meals at times other than the normal scheduled time. Early trays are scheduled prior to regular time to ensure proper serving time. Late trays are received by those patients whose treatment prevents them from receiving a tray during normal delivery hours. Delayed trays are served within 30 minutes of the scheduled serving hour.

2. Make a special tally sheet for food items substitutions on patient's modified diet in accordance with patient tray service standard operating procedure.

NOTE: These items are placed on the serving line and properly annotated so not to be confused with regular food items in steps 5 and 6 below.

3. Prepare bulk nourishments and supplemental fluids (for example, diabetic nourishments or breastfeeding snacks).

NOTE: Bulk nourishments will be delivered upon request or added to the tray during meal tray delivery times.

- a. Coordinate bulk nourishments with the patient tray service noncommissioned officer in charge.
- b. Acquire bulk nourishments from supply.
- c. Document amount received.

4. Prepare individual nourishments.

NOTE: The 1000-hour nourishments are delivered with the breakfast meal, 1400-hour nourishments are delivered with the lunch meal, and 2000-hour nourishments are delivered with the dinner meal.

- a. Label item with patient's name, date, and time.
- b. Refrigerate items needing refrigeration until time for delivery.
- c. Place nourishments on the food cart, and deliver them to the nurses station with the meal.

5. Set up the serving line.

NOTE: Food items served to patients with caloric, diabetic, sodium, and renal restrictions must be weighed and measured according to the amounts requested on the diet order.

- a. Regular patient tray service.
 - (1) Prepare steam table.
 - (a) Preheat the steam table.

NOTE: Preheating is conducted 30 minutes prior to serving time.

- (b) Fill steam table with two quarts of water (preferably "hot" water).

NOTE: Do not to fill completely to avoid spillage when placing food pans in table.

- (2) Place regular hot food items on the hot food table in the order listed on the production planning report.
 - (3) Place modified hot food items on the serving line separate from regular items, ensuring the item is clearly marked with the modification.
 - (a) Place the food items in the appropriate line pans.
 - (b) Mark the line with the food code of the item with food label.
 - (4) Place a serving utensil near each food item.
 - (5) Place dinner plates behind serving line to maintain the flow of meal line and reduce or prevent illness.

NOTE: Ensure disposable plastic ware is available for pediatric and “at risk” (patients who wish to cause harm to themselves or others) patients.

b. Medical field feeding operations patient tray service.

NOTE: Use the insulated food container and medical field feeding cart to deliver meals to the wards. The insulated food containers are used to keep food hot. Serving utensils, paper plates, plastic ware, paper cups, napkins, condiments, and diet kits are maintained in prep area.

(1) Insulated food containers or military mermite food container.

NOTE: After use, empty water. Clean, dry, and replace inserts, and then secure lid.

- (a) Remove inserts, and pour in two quarts of boiling water.
- (b) Close container, and secure the latches.
- (2) Place regular hot food items in the insulated food container in the order listed on the medical field production schedule.
- (3) Place modified hot food items on the insulated food container separate from regular items, ensuring each item is clearly marked with the modification.
 - (a) Place the food items in the appropriate line pans.
 - (b) Mark the line with the food code of the item with food label.
 - (c) Mark the top of the insert lid with food label.
- (4) Place a serving utensil near each food item.
- (5) Place dinner plates behind serving line to maintain the flow of meal line and reduce or prevent illness.

6. Set up the cold food table.

NOTE: Pre-chilling is conducted 30 minutes prior to serving time. Food items served to patients with caloric, diabetic, sodium, and renal restrictions must be weighed and measured according to the amounts requested on the diet order.

a. Regular patient tray service.

- (1) Ensure cold table is turned on and filled halfway with ice.
- (2) Place bulk regular cold food items in the order listed on the production planning report.
- (3) Place a serving utensil near each food item.
- (4) Place salad and dessert dishes at the head of the cold table.
- (5) Place modified cold food items separate from the regular items, ensuring each item is clearly marked with the modification using a food label.

b. Medical field feeding operations patient tray service.

- (1) Insulated food containers or military mermite food container.

NOTE: The insulated food containers are used to keep cold foods chilled. Prior to use, empty the ice and water.

- (a) Remove the inserts, and pour in two quarts of ice.

- (b) Close the latches, and secure the lid.
- (2) Place bulk regular cold food items in the order listed on the medical field production schedule.

NOTE: During medical field feeding operations, those items and beverages are placed in the insulated food container in bulk.

- (3) Place a serving utensil near each food item.
 - (4) Place salad and dessert dishes at the head of the cold table.
 - (5) Place modified cold food items separate from the regular items, ensuring each item is clearly marked with the modification using a food label.
7. Check all food items prepared against production planning report to ensure everything was made.
8. Verify that all hot food items are maintained at a minimum of 135 degrees (°) Fahrenheit (F).

NOTE: Hot food must be maintained at least 135 °F.

- a. Check the temperature by inserting the thermometer in the center of the item.
 - b. Replace food item with the same or a like product.
 - (1) Remove food items from serving line, and reheat to a minimum of 165 °F.
 - (2) Adjust the temperature on the hot food line by adjusting the heating element, and recheck it in 30 minutes.
9. Verify that cold items are maintained at a minimum of 41 °F.
- a. Select one cold item from the cold line.
 - b. Check the temperature by inserting the thermometer in the center.

NOTE: During medical field feeding operations, insert the thermometer in the center of the cold bulk item.

- c. Adjust the temperature on the cold food table, and recheck it in 30 minutes.
 - (1) Dispose of items that maintained an internal temperature of greater than 41 °F for four hours or more.
 - (2) Inform the Nutrition Care Division noncommissioned officer in charge for further guidance.
10. Obtain menus and any special instructions from clinical dietetics.
11. Check the tray menus for accuracy.
- a. Ensure the menu pattern has the patient's name, ward or bed number, and date.
- NOTE:** Contact the diet technician in clinical dietetics for any missing information.
- b. Ensure the menu and production planning report and the medical field production schedule dates match.

12. Assemble patient trays as indicated by the patient menu.

NOTE: During medical field feeding operations, patient trays will be assembled, and beverages, condiments, and flatware prepositioned in the preparation area.

- a. Load the tray with nonfood items.
 - (1) Patient menu.
 - (2) Plastic ware.
 - (3) Condiments (according to diet allowances).
- b. Place the cold food items on the tray.

NOTE: Cold food items needed for modified diets are premeasured for the specific diet need.

- c. Place hot food items on the tray.
 - (1) Weigh meat items on the gram scale.
 - (2) Measure potatoes and vegetables according to the specific diet.
- d. Compare menu pattern to the food items for accuracy.
- e. Compare a sample menu to the tray.
- f. Place the lid on the food tray.

13. Transport meals to the ward.

14. Deliver the patient food tray(s).

NOTE: During medical field feeding operations, delivery of patient food trays will be done by nutrition care personnel with assistance from ward personnel.

- a. Deliver patient food tray(s) to the ward nurses station.
- b. Deliver patient food tray(s) to the appropriate patient.

NOTE: Delivery of patient food trays will be done by nutrition care personnel with assistance from ward personnel.

15. Deliver bulk nourishments as ordered to the nurses station.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Reviewed production reports and rosters.	_____	_____
2	Made a special tally sheet for food items substitutions on patient's modified diet in accordance with patient tray service standard operating procedure.	_____	_____
3	Prepared bulk nourishments and supplemental fluids (for example, diabetic nourishments or breastfeeding snacks).	_____	_____
4	Prepared individual nourishments.	_____	_____

Performance Measures:		GO	NO GO
5	Set up the serving line.	_____	_____
6	Set up the cold food table.	_____	_____
7	Checked all food items prepared against production planning report to ensure everything was made.	_____	_____
8	Verified all hot food items are maintained at a minimum of 135 degrees (°) Fahrenheit (F).	_____	_____
9	Verified all cold items are maintained at a minimum of 41 °F.	_____	_____
10	Obtained menus and any special instructions from clinical dietetics.	_____	_____
11	Checked the tray menus for accuracy.	_____	_____
12	Assembled patient trays as indicated by the patient menu.	_____	_____
13	Transported meals to the ward.	_____	_____
14	Delivered the patient food tray(s).	_____	_____
15	Delivered bulk nourishments as ordered to the nurses station.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

DA Form 1829. *Hospital Food Service - Ward Diet Roster.*
TC 8-502. *Nutrition Care Operations.*

Related

None

Subject Area 7: Community Nutrition
Plan Nutrition Health Promotion Program Activities
081-68M-1400

This individual task was presented earlier in the STP on page 3-13 as a readiness requirements task. The content requirements are the same.

Subject Area 8: Deployable Nutrition
Pack Out an Army Medical Field Feeding System
081-68M-1200

WARNING: Serious injury could occur if heavy equipment is moved or lifted without sufficient personnel to do the job. Use the three-person lifting procedures when moving heavy equipment.

Conditions: You are in a field environment and tasked to pack out an Army Medical Field Feeding System from operations. Your supervisor has directed you and three Soldiers acting as assistants to disassemble and prepare the Army Medical Field Feeding System for storage. The sink has been drained and preventive maintenance checks and services have been completed. You will need disposable gloves, wiping rags, general utility tool kit, barrier material, general purpose detergent, chemical resistant rubber gloves, metal seam sealing cloth tape, wooden step ladder, scrub brush, ATP 4-41, TM 10-7360-226-10, TM 10-7360-211-13&P, TM 10-7310-281-13&P, and TM 10-8340-224-13.

Standards: Pack out an Army Medical Field Feeding System for storage or movement ensuring all components are secured and stowed in accordance with ATP 4-41 and applicable references while adhering to all task warnings, cautions, and performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Prepare field sanitation center (FSC)-90 for movement in accordance with TM 10-7360-211-13&P work package (WP) 0005 00.

NOTE: The FSC-90 model is the most commonly used FSC. If a different model is used, refer to the respective section of TM 10-7360-211-13&P.

- a. Ensure the FSC equipment is cleaned as described in TM 10-7360-211-13&P WP 0012 00.

WARNING: Fire hazard. Allow burner units to cool before releasing air pressure from fuel tanks. Do not smoke, and make sure there is no open flame in the vicinity. Fuel fumes are highly flammable. Failure to observe this warning may result in fire and injury or death.

- b. Ensure the FSC equipment is shut down as described.

NOTE: Dispose of gray water in accordance with standard operating procedure.

- (1) Shut off the modern burner unit in accordance with TM 10-7310-281-13&P.
- (2) Remove water from the sinks by rotating the drain knob 1/4-turn counterclockwise.
- (3) Clean and rinse sinks as needed.
- (4) Rotate drain knob clockwise to close.
- (5) Switch off the power converter power switch.
- c. Disassemble the equipment.
 - (1) Ensure all equipment is cool to the touch before disassembling.

- (2) Prepare the burner units.
 - (3) Disassemble the drain table.
 - (4) Disassemble the sink assemblies.
 - (5) Disassemble the worktable.
 - (6) Disassemble the storage rack assemblies.
 - (7) Remove the electric lights.
 - d. Package the equipment.
 - (1) Pack the sink assemblies.
 - (2) Pack the first of three, two-piece storage rack assemblies.
 - (3) Pack the second of three, two-piece storage rack assemblies.
 - (4) Pack the third of three, two-piece storage rack assemblies.
 - (5) Load the following equipment onto the truck as specified in ATP 4-41.
2. Prepare containerized kitchen for movement in accordance with TM 10-7360-226-10.
 - a. Prepare appliances and equipment for movement in accordance with WP 0019-1.

WARNING: Ensure all containerized kitchen components have completely cooled before initiating pack out. Failure to comply may result in serious burn injury to personnel. Seek medical attention if injury occurs.

- (1) Prepare for pack out.

NOTE: Refer to TM 10-7360-211-13&P WP 0024 for stowage guide. The generator, lights, and environmental control unit may be left on until shutdown is specifically called for in these procedures.

- (2) Pack light storage box.
- (3) Pack baking and roasting pans.
- (4) Pack warming cabinet.
- (5) Pack refrigerators.
- (6) Take down folding table.
- (7) Pack out cook center.
- (8) Pack tray, and pack heater.
- (9) Pack convection oven and mobile utility pan rack.
- (10) Pack out mobile storage cabinet.
- (11) Tie down warming cabinet.
- (12) Pack out hand sink assembly.
- b. Prepare container and mechanical room for movement in accordance with TM 10-7360-211-13&P WP 0020-1.
 - (1) Power down containerized kitchen using generator.
 - (2) Power down containerized kitchen using external source.
 - (3) Remove food preparation wing frame.
 - (4) Pack out refrigerator.
 - (5) Remove serving wing frame.

- (6) Close wing.
 - (7) Pack out railing.
 - (8) Secure the removal and storage of corner and screw jack.
 - (9) Prepare mechanical room for pack out.
 - (10) Pack out mechanical room.
3. Prepare tent, extendable, modular, personnel for movement in accordance with TM 10-8340-224-13.
- a. Clean and dry fabric sections and other components in accordance with TM 10-8340-224-13.
 - b. Perform operator preventive maintenance checks and services as specified TM 10-8340-224-13.
 - c. Locate transport bags and light set storage container.
 - d. Perform take down procedures.
 - (1) Take down insulated floors.
 - (2) Take down vestibules.
 - (3) Disassemble tent.
 - (4) Lower the frame.
 - (5) Remove the fabric.
 - (6) Disassemble the frame.
 - e. Pack the disassembled FSC components into the connex, pack the tent into their individual bags, and pack the frame sections into the connex.
 - f. Place bags onto a wooden pallet.
 - g. Store bags in a building, shed, or another dry place.
 - h. Store light set in its storage container.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Prepared FSC-90 for movement in accordance with TM 10-7360-211-13&P work package (WP) 0005 00.	_____	_____
2 Prepared containerized kitchen for movement in accordance with TM 10-7360-226-10.	_____	_____
3 Prepared tent, extendable, modular, personnel for movement in accordance with TM 10-8340-224-13.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

ATP 4-41. *Army Field Feeding and Class I Operations.*

TM 10-7310-281-13&P. *Operator's, Unit, and Direct Support Maintenance Manual Including Repair Parts and Special Tools List (RPSTL) for Modern Burner Unit (MBU) (NSN 7310-01-452-8137) Modern Burner Unit (MBU-V3) (NSN 7310-01-507-9310).*

TM 10-7360-211-13&P. *Operator's, Unit, and Direct Support Maintenance Manual Including Repair Parts and Special Tools List for Food Sanitation Center (FSC), Model FSC-90 (NSN 7360-01-277-2558) Model FSC-2 (7360-01-496-2112).*

TM 10-7360-226-10. *Operator Manual for Containerized Kitchen (CK) (with Trailer) (NSN 7360-01-473-3408) (EIC YB6).*

TM 10-8340-224-13. *Operator, Unit, and Direct Support Maintenance Manual for Tent, Extendable, Modular, Personnel (TEMPER).*

Related

None

Conduct Nutrition Support for Humanitarian Operations**081-68M-1201**

Conditions: You are assigned to a hospital conducting stability and reconstruction operations during a humanitarian deployment. You received notification that you will accompany your noncommissioned officer in charge or registered dietitian on a visit to a local clinic to measure the overall physical and nutritional status of the population needs to facilitate the establishment of a feeding program. You have access to the [Nutrition Care Manual](#) website, *Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment*, [Pediatric Manual of Clinical Dietetics](#) website, *Rapid Health Assessment of Refugee or Displaced Populations*, hanging or sling scale, measuring board patient height and length for infant, child, and adult, mid-upper arm circumference measurement tape, *2000 CDC Growth Charts for the United States: Methods and Development*, clipboard, pen or pencil, local nutrition care screening note, patient medical record, calculator, and nutrition questionnaire.

Standards: Provide acquired anthropometric measurement and nutrition questionnaire information to the noncommissioned officer in charge or registered dietitian in accordance with command policies and applicable references adhering to all task warnings, cautions, and performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review cultural information for the area of operations.

NOTE: Information of this nature will be available from the unit intelligence office. It is critical to have a thorough understanding of the local or refugee population.

- a. Religious groups and their beliefs and practices.
- b. Political groups and current political climate.
- c. Ethnic group(s) and language(s) spoken.
- d. Views on gender and basic human needs and rights.
- e. Climate and weather seasons.
- f. Terrain features.
- g. Living conditions and housing.
- h. Diet and available food supplies.
- i. Potable water availability.
- j. Health care practices and availability.

NOTE: The cultural information will have a significant impact on the type of nutrition and other types of health care provided to the population.

2. Review references for conducting anthropometric measurements and nutrition assessment.

- a. [Nutrition Care Manual](#) website.
- b. *Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment*.
- c. [Pediatric Manual for Clinical Dietetics](#) website.
- d. *Rapid Health Assessment of Refugee or Displaced Populations*.

3. Gather all materials.
 - a. Hanging or sling scale.
 - b. Mid-upper arm circumference measuring tape.
 - c. *2000 CDC Growth Charts for the United States: Methods and Development*.
 - d. Pen or pencil.
 - e. Clipboard.
 - f. Measuring board patient height and length for infant, child, and adult.
 - g. Calculator.
 - h. Local nutrition care screening note.

NOTE: The noncommissioned officer in charge or registered dietitian will let you know what locally produced form is being used to record measurement and other medical information.

- i. Nutrition questionnaire.

NOTE: The nutrition questionnaire may be a standard subjective, objective, assessment, and plan note or the locally produced form.

4. Travel to clinic location.

NOTE: Any travel outside of the hospital compound will always be conducted as a convoy with other health care personnel and a security or escort team.

5. Set up station to conduct anthropometric measurements.
 - a. Place the measuring board patient height and length for infant, child, and adult on a table (preferred) or a flat surface with a sheet.

NOTE: This is done to protect the patient from the ground or floor.

- b. Hang scale from a bar parallel to the ground.

NOTE: If needed, use what is available, or create a makeshift area with broom handle between two solid trees.

6. Obtain anthropometric measurements from each patient.

NOTE: Always inform the patient about what you are going to do before beginning any measurement. You may need to use personnel of the same gender to conduct any measurements requiring physical contact. Cultural consideration will determine the need for this, and it is important to ask about this before conducting any measurements.

- a. Height.
 - b. Weight.
 - c. Age.
 - d. Gender.
 - e. Mid-upper arm circumference.

7. Record measurements in the medical record.

8. Obtain nutrition questionnaire information.
 - a. Recent history of weight loss and gain.
 - b. Recent history of nausea.
 - c. Recent history of vomiting.
 - d. Recent history of diarrhea.
 - e. Food allergies or food intolerances.

NOTE: For example, the patient is allergic to tomatoes or is lactose intolerant.

- f. Current medical conditions.
- g. Number of meals consumed per day.
- h. Other information or comments, if needed.

9. Provide data and information collected on all patients seen to the noncommissioned officer in charge or registered dietitian for further assessment.

10. Repeat steps 1-9 during follow-up visits and re-assessments of patients, as needed.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Reviewed cultural information for the area of operations.	_____	_____
2	Reviewed references for conducting anthropometric measurements and nutrition assessment.	_____	_____
3	Gathered all materials.	_____	_____
4	Traveled to clinic location.	_____	_____
5	Set up station to conduct anthropometric measurements.	_____	_____
6	Obtained anthropometric measurements from each patient.	_____	_____
7	Recorded measurements in the medical record.	_____	_____
8	Obtained nutrition questionnaire information.	_____	_____
9	Provided data and information collected on all patients seen to the noncommissioned officer in charge or registered dietitian for further assessment.	_____	_____
10	Repeated steps 1-9 during follow-up visits and re-assessments of patients, as needed.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all

performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

2000 CDC Growth Charts for the United States: Methods and Development.

Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment.

[Nutrition Care Manual](#) website.

[Pediatric Manual of Clinical Dietetics](#) website.

Rapid Health Assessment of Refugee or Displaced Populations.

Related

None

Subject Area 9: Safety and Storage of Food
Enforce Facility Sanitation Standards
081-68M-1100

CAUTION: Sanitation standards are intended to reduce or eliminate the possibility of the spread of foodborne illness through physical, chemical, or biological contamination, cross-contamination, or the spreading of communicable diseases.

Conditions: You are assigned to a nutrition care dining facility in a medical treatment facility, and you are required to enforce dining facility sanitation standards daily during operations. You will need a local unit inspection checklist, clipboard, plain paper, pen, newly calibrated bimetal probe thermometer, TB MED 530, local occupational and environmental health standards, local standard operating procedures, and the assistance of the noncommissioned officer in charge of the nutrition care facility.

Standards: Observe and document compliance and non-compliance with TB MED 530 standards and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria. Major violations are corrected on the spot.

Performance Steps:

1. Gather materials.
 - a. Local unit inspection checklist.
 - b. Clipboard.
 - c. Plain paper.
 - d. Pen.
 - e. Newly calibrated bimetal probe thermometer.
 - f. TB MED 530.
2. Verify that thermometer calibration logs have been completed per local schedule.
3. Verify that food service personnel standards are met.
 - a. Verify that personnel who exhibit signs of illness have reported to the noncommissioned officer in charge or food service supervisor.

NOTE: For example, skin diseases, diarrheal illness, burns, boils, or cuts.

- b. Verify that all working personnel are wearing a clean and tidy uniform.

NOTE: Military personnel on the serving line or in food preparation areas wear light colored aprons over clean duty uniforms. Custodial duty personnel may wear round necked T-shirts as an outer garment. These people will not handle or serve food.

- c. Verify that all working personnel adhere to standards of personal cleanliness, nails, hair restraints, jewelry, and piercings.
 - d. Verify that all personnel are aware of the principles and practices of foodborne illness prevention.

4. Verify that handwashing standards are met.
 - a. Verify that signs are posted by handwashing areas that list when hands should be washed.
 - b. Verify that each handwashing area is provided with hot and cold water, hand soap or detergent, disposable towels, and a wastebasket.
 - c. Observe all working personnel thoroughly wash their hands and exposed portions of their arms at the beginning of the shift, after using toilet facilities, after using tobacco, between handling soiled and clean utensils and equipment, between handling raw and cooked foods, and after performing custodial duties.

NOTE: Verify that team members' aprons are removed prior to entrance into toilet facilities.

5. Verify that dry storage area standards are met.
 - a. Verify that storage racks are 6 inches off the floor surface and 6 inches away from the wall.
 - b. Verify that the overhead is clear of water and sewer lines, except for fire sprinkler heads.
 - c. Verify that there is nothing stored within 18 inches of the ceiling or overhead sprinklers.

NOTE: This is a safety standard the Joint Commission looks for as anything above this level hinders proper deployment of fire suppression systems.

- d. Verify that ceilings are free from leaks, dripping materials, and excess dust, dirt, or cobwebs.
- e. Verify that the floors, vents, wall, bins, doors, windows, and racks are clean and free of debris or evidence of pests.
- f. Verify that all food and beverage cases and packages are labeled with the date received.
- g. Verify that all food and beverage items are stored and rotated using the first in, first out concept.

NOTE: Fresher items should be positioned in the back, and oldest items should be positioned as the next to be used.

- (1) Spot check expiration dates on cases and packages.
- (2) Remove the expired item(s) from the area, and document the loss for proper cost accounting.
- h. Verify that all food is in its original packaging.

NOTE: If food is not in its original container, verify that it is transferred into a new food storage container that is covered and labeled with the common name of the food and the date of transfer and opening of original container.

- (1) Verify that there is no exposed or open food.
- (2) Verify that all original containers are free of dust, dirt, spill, tears, or bulging cans.

6. Verify that refrigerated and freezer area standards are met.
 - a. Verify that a numerically scaled, non-digital thermometer is located in the middle of each refrigerator and freezer.

NOTE: A numerically scaled, non-digital thermometer is a refrigerator or freezer thermometer. Digital thermometers tend to stop working after a certain temperature due to the battery being too cold.

- (1) Use the bimetal probe thermometer to verify the internal product temperature readings of food items are within a safe temperature range.

NOTE: Refrigerated potentially hazardous food is at or below 41 degrees (°) Fahrenheit (F), and frozen food is at or below 0 °F. Food may be thawed at 41 °F or below.

- (2) Verify the temperature logs are complete for all mandatory times and initialed.
 - (3) Verify the out-of-range temperatures include a corrective action taken on the temperature log.
- b. Ensure pre-prepared food is continuously maintained in the appropriate refrigerated or frozen food environment after preparation.
- c. Verify that there is not an excess of ice accumulation in the freezers.

NOTE: Correct if excess ice is present.

- d. Verify that the overhead pipes and fans are not dripping moisture on food products, storage racks, or floors.
 - e. Verify that the gaskets are fully intact and clean with no cracks or tears.

7. Verify that hot and cold storage cabinet standards are met.
 - a. Verify that the equipment used for holding hot or cold food has a functional thermometer.
 - (1) Use the bimetal probe thermometer to verify the internal product readings are within a safe temperature range while in storage, in service, or during transportation.

NOTE: Hot food items are maintained at 135 °F or above, and cold food items are maintained between 32 °F and 41 °F or below.

- (2) Verify that the temperature logs are complete for all mandatory times and initialed.
 - (3) Verify that out-of-range temperatures on the temperature log include a corrective action taken.
- b. Verify that the gaskets are fully intact and clean with no cracks or tears.
- c. Verify that the hot and cold cabinets are clean and free of debris or evidence of pests.

8. Verify that frozen food handling standards are met.
 - a. Verify that frozen foods are thawed at 41 °F or below.
 - b. Verify that meats and cooked foods are separated and properly covered to protect them from cross contamination.

NOTE: Raw meats must be separated in accordance with TB MED 530.

- c. Verify that excess blood or thawing liquid is removed from thawing pan.
- d. Verify that the food items are cooked immediately after tempering with no interruption in the process.

WARNING: If using this method of tempering, the food should never reach a temperature above 41 °F.

- e. Verify that the item is completely submerged and is under 70 °F or below potable running water.

NOTE: There should be a constant flow of water to float off loose particles in an overflow.

- 9. Verify that food preparation standards are met.
 - a. Verify that food preparation and washing sinks are not used for handwashing.
 - b. Observe that team members are wearing single-use disposable, non-latex gloves when handling raw and ready-to-eat foods.
 - (1) Observe that gloves are discarded and replaced frequently as they are soiled, when their ability to provide a barrier is compromised, or when beginning to work with a new product.

NOTE: This prevents the inadvertent contamination of food from soiled gloves or from perspiration buildup within the gloves.

- (2) Observe that hands are washed between discarding soiled gloves and putting on new gloves.
 - c. Verify that the cumulative time duration potentially hazardous foods have been held outside the safe temperature zone during preparation and serving does not exceed four continuous hours.
 - d. Verify that the final internal temperature of cooked products is within a safe temperature range.

NOTE: Poultry, poultry stuffing, stuffed meats, and stuffing containing meat, microwave cooked foods, and reheated foods are cooked to a final temperature of at least 165 °F or higher. Ground meat is cooked to a final temperature of 155 °F or higher. Pork or beef steak or chops, roast beef, and fish are cooked to a final temperature of 145 °F or higher. Non-potentially hazardous foods are cooked to a final temperature of 135 °F or higher.

- e. Verify that pre-prepared food procedures are followed.
 - (1) Ensure pre-prepared food is rapidly chilled to an internal temperature of 41 °F within six hours.
 - (2) Ensure pre-prepared food is identified as "PRE-PREPARED."
 - (3) Ensure pre-prepared food is labeled with the date and time of preparation.
- 10. Verify that leftover handling and retention standards are met.
 - a. Verify that gravies, hashes, creamed meats, dressings, and seafood are not retained as leftovers.

- b. Verify that leftover foods are maintained at a safe temperature range throughout meal service.

NOTE: Hot foods at 135 °F or above and cold foods at 41 °F or below.

- c. Verify that leftover foods are labeled as “leftover” with the time and date they were removed from service and a use by date.

NOTE: These food items may be held for 72 hours when chilled correctly.

- d. Verify that chilled leftovers are reheated to 165 °F prior to serving and are reoffered for service only once.

NOTE: Leftovers should not exceed two hours to reach an internal temperature of 165 °F.

- e. Verify that leftovers are not frozen for later use.

11. Verify that cleaning and sanitizing standards are met.

- a. Verify that the dishwashing machine and manual washing area temperature logs are complete for all mandatory times and initialed.
- b. Verify the out-of-range temperatures include a corrective action taken on the temperature log.
- c. Verify that sponges and sponge-type cloths are not used.
- d. Verify that steel wool and steel wool pads are not used for cleaning food contact surfaces.
- e. Verify the manual three-compartment sink washing area is set up and maintained appropriately.
 - (1) Ensure hot and cold potable running water and the appropriate chemicals are present.
 - (2) Verify that equipment, service ware, and utensils are washed in the first sink with hot soapy water (between 110 °F and 120 °F).
 - (3) Verify that the rinse sink is filled with hot clean water (between 120 °F and 140 °F).
- f. Observe that equipment, service ware, and utensils are sanitized by immersion for at least 30 seconds in clean hot water (at least 170 °F), or for at least 1 minute in a clean solution containing at least 50 parts per million of available chlorine, or 12.5 parts per million of available iodine at a temperature of at least 75 °F but not more than 120 °F.
- g. Verify that food service equipment, such as cutting boards, knives, slicers, mixers, grinders, and food preparation sinks, are washed, rinsed, sanitized, and air-dried after each use and following any interruption of operation during which contamination may have occurred.
- h. Verify that equipment and utensils are stored appropriately after cleaning and sanitizing.
 - (1) Verify that equipment, service ware, and utensils are stored at least 6 inches above the floor.
 - (2) Verify that utensils are air-dried before storage or stored in a self-draining position.
 - (3) Verify that glasses and cups are stored inverted.

- i. Verify that food preparation sinks and tables (lower and upper levels) are washed, rinsed, sanitized.
- j. Verify that floor mats and grates are regularly cleaned and free of debris and evidence of pests.
- k. Verify that deep fat fryers are drained, the fat is strained, and internal surfaces are wiped clean.

12. Verify that refuse disposal standards are met.

- a. Verify that refuse containers stored outside the facility have a lid and are tightly closed.
- b. Verify that refuse containers used in food preparation and utensil-washing areas are kept covered when not in use.
- c. Verify the absence of unprotected plastic bags, wet-strength paper bags, or baled units containing refuse in the outside storage area.

NOTE: Outside storage of such bags and baled units is prohibited.

13. Document all non-compliance observations in accordance with the local standard operating procedure.

14. Correct major violations immediately.

15. Provide the noncommissioned officer in charge with a written copy of all deficiencies noted and the appropriate recommendations needed to correct the deficiencies.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Gathered materials.	_____	_____
2	Verified that thermometer calibration logs have been completed per local schedule.	_____	_____
3	Verified that food service personnel standards are met.	_____	_____
4	Verified that handwashing standards are met.	_____	_____
5	Verified that dry storage area standards are met.	_____	_____
6	Verified that refrigerated and freezer area standards are met.	_____	_____
7	Verified that hot and cold storage cabinet standards are met.	_____	_____
8	Verified that frozen food handling standards are met.	_____	_____
9	Verified that food preparation standards are met.	_____	_____

Performance Measures:		GO	NO GO
10	Verified that leftover handling and retention standards are met.	_____	_____
11	Verified that cleaning and sanitizing standards are met.	_____	_____
12	Verified that refuse disposal standards are met.	_____	_____
13	Documented all non-compliance observations in accordance with the local standard operating procedure.	_____	_____
14	Corrected major violations immediately.	_____	_____
15	Provided the noncommissioned officer in charge with a written copy of all deficiencies noted and the appropriate recommendations needed to correct the deficiencies.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

TB MED 530. *Tri-Service Food Code*.

Related

None

Skill Level 2

Subject Area 10: Clinical Nutrition

Perform Nutrition Care Outpatient Operations

081-68M-2300

This individual task was presented earlier in the STP on page 3-9 as a readiness requirements task. The content requirements are the same.

Subject Area 11: Deployable Nutrition
Deploy an Army Medical Field Feeding System for Operation
081-68M-2200

WARNING: Serious injury could occur if heavy equipment is moved or lifted without sufficient personnel to do the job. Use the three-person lifting procedures when moving heavy equipment. Remove all items packaged in the major components of the Army Medical Field Feeding System, and place them in a location convenient to the installation site.

Conditions: You are in a field environment and tasked to deploy an Army Medical Field Feeding System for operation on a site selected by your supervisor. You have the assistance of four Soldiers. You will need a 400-gallon water trailer filled with potable water, work gloves, 100-kilowatt power generator, jet propellant-8 fuel, 5-ton tactical cargo vehicle, containerized kitchen (CK) and all components, food sanitation, dish detergent, all-purpose bleach, chemical test strips, wooden pallets from previous orders, ice, medical field feeding cart, refrigerator thermometer, chemical protective mask, ATP 4-41, TM 10-7360-226-10, TM 10-7360-211-13&P, TM 10-7310-281-13&P, and TM 10-8340-224-13.

Standards: Assemble all Army Medical Field Feeding System components ensuring all components are safe, functional, and prepared to feed patients and staff in accordance with ATP 4-41 and applicable references adhering to all task warnings, cautions, and performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Assemble tent, extendable, modular, personnel following TM 10-8340-224-13 instructions.
 - a. Assemble frame.
 - (1) Assemble arches.
 - (2) Assemble headers.
 - (3) Assemble purlins.
 - b. Install window and door sections.
 - c. Place end section.
 - d. Place tent flies.
 - e. Becket lace window and door sections, end sections, and tent flies.
 - f. Install guy lines.
 - g. Raise frame to partially erect position.
 - h. While frame is partially erect, install components:
 - (1) Single ply floor.
 - (2) Electrical cables.
 - (3) Light support strap assembly.
 - (4) Liner
 - (5) Plenums.
 - i. Install luminaires.
 - j. Erect frame fully.
 - k. Finish installing floor and liner.

- l. Install electrical system.
 - m. Complete becket lacing.
 - n. Secure tent to ground with stakes and guy lines.
 - o. Erect vestibule, if authorized.
 - p. Install double bump-through doors in vestibule or vestibule adapter.
 - q. Install double bump-through doors in end section.
 - r. Install modesty curtain, when authorized.
 - s. Install partition, when authorized.
 - t. Operate doors, windows, and vents.
2. Assemble CK following TM 10-7360-226-10 instructions.
- a. Ensure site selected meets siting requirements.
 - b. Assemble CK and mechanical room.
 - (1) Unpack personnel door area.
 - (2) Unpack mechanical room.

CAUTION: The orange safety straps **MUST** be in a place before unlocking the camlocks on the sides of the container. The straps are visible even when the wings are closed.

- (3) Level the container on the trailer.

WARNING: Read and understand all instructions in the following paragraphs before installing or operating the jacks. Personal injury and equipment damage can occur if the jacks are improperly installed or operated. Be careful when installing the jacks. Never allow anyone or any part of your body to be under any portion of the jacks or the container. The corner and screw jacks are designed for use only with the CK. Do not use them to support or level any other container.

CAUTION: When raising the container, the two corner jacks **MUST** be operated together. Raising one jack alone will damage to the jacks.

- (4) Level the container on the ground.

WARNING: When raising or lowering the wings, one member of the crew must act as a spotter to ensure all personnel stay clear.

CAUTION: The orange straps **MUST** be in a place before unlocking the camlocks on the sides of the container. The straps are visible even when the wings are closed.

- (5) Expand shelter.

WARNING: The bags containing the shelter arch frame components weigh approximately 130 pounds (lbs.) (59 kilograms [kg]) each. Three-person lifting procedures must be used to carry the bags, lifting with legs, not back, to prevent injury.

CAUTION: Until the arch spacers are installed, the roof arches may fall.

- (6) Erect serving wing fabric.

WARNING: Be careful not to pinch your fingers while installing the adjustable spacer.

- (7) Erect food preparation wing fabric.
- (8) Set up mechanical room.
- (9) Move platform to personnel door.
- (10) Ground CK.

CAUTION: Use caution to avoid pinching hands or fingers when moving appliances and equipment in the following steps.

- c. Assemble appliances and equipment.

CAUTION: Use caution to avoid pinching hands or fingers when moving appliances and equipment in the following steps.

- (1) Locate hand sink assembly.

WARNING: When moving a refrigerator, use the metal bracket on the back. Do not grasp the plastic tube running down the back of the unit, or it may be damaged.

- (2) Locate warming cabinet and refrigerators.

WARNING: The packed light storage box weighs approximately 100 lbs. (45.4 kg). Three-person lift procedures, lifting with legs not back, must be used to carry the box to prevent injury.

CAUTION: Do not place filled beverage dispensers or other heavy items in the mobile storage cabinets. Damage to the cabinets will result.

- (3) Locate mobile storage cabinets.
- (4) Locate mobile utility pan rack and convection oven.

WARNING: In the event of lamp breakage, be careful in removing glass fragments and white phosphorous dust that may be dispersed from the fixture. Handling glass fragments or inhaling phosphorous dust could cause personal injury.

- (5) Locate switch box.

CAUTION: Ensure no power cables are touching the tray pack heater or the oven. They could become damaged and result in a fire or shock hazard.

- (6) Locate tray pack heater.
- (7) Unpack cook center and table setup.

NOTE: The two tables used in the food preparation area receive utility drawers, but the two used in the serving area do not. All four tables have the drawer mounting hardware and are interchangeable.

- d. Conduct initial adjustments and before use self-test.
 - (1) Complete pre-power checkout.

CAUTION: If appliances have been moved into position before energizing the onboard generator, ensure the switches for the water pump and water heater are left OFF until the water system and water heater are filled. Energizing these components without water in them will result in equipment damage. Also turn off the lights, exhaust fans, and oven fan. The refrigerators may be plugged in and turned on, and the environmental control unit has a built-in time delay and may be left on.

- (2) Power CK using onboard generator.

WARNING: Use caution to avoid pinching hands or fingers when moving appliances and equipment in the following steps.

- (3) Power CK using external power.
- (4) Complete CK electrical system checkout.

WARNING: The switches for the water pump and water heater (located on the appliance control box) must be left OFF until the water system and water heater are filled. Energizing these items without water in them will result in equipment damage. In freezing weather, the water tank trailer should be located as close to the fabric penetration as possible.

CAUTION: Do not run the water pump for more than approximately one minute without water. If water is not running from the faucet after this time, shut off the pump at the appliance control box, and check for kinks or leaks in the supply hose. The water heater must be left OFF until it has been filled.

- (5) Prime water system.
- (6) Complete refrigerator checkout.
- (7) Complete warming cabinet checkout.
- (8) Complete cook center checkout.
- (9) Complete tray pack heater checkout.
- (10) Complete convection oven checkout.
- (11) Complete CK shutdown if food service will not begin immediately.

WARNING: Serious injury could occur if heavy equipment is moved or lifted without sufficient personnel to do the job. Use two-man lifting procedures, and wear safety shoes, gloves, and other protective clothing.

3. Assemble field sanitation center (FSC)-90 following TM 10-7360-211-13&P instructions.

NOTE: The FSC-90 model is the most commonly used FSC. If another model is used, refer to the respective section of TM 10-7360-211-13&P.

- a. Ensure site selected meets siting requirements.
- b. Remove all items packaged with the FSC, and place them in a convenient location.
- c. Place the fire extinguisher inside the tent, just inside the door where it is visible and readily accessible in case of a fire.
- d. Assemble FSC.
 - (1) Set up the electric lights for night operation.

- (2) Connect the electric lights to the power source.
- (3) Set the storage rack assemblies in place.
- (4) Assemble the sinks.

CAUTION: When closing the drain knobs, do not over-tighten. Over-tightening can damage them.

- (5) Install the sink drain hose assembly to discharge to the right of the sinks.
- (6) Set up the worktable and the drain table.

WARNING: The modern burner unit is designed to operate with jet propellant-8 fuel and certain approved diesel fuels. The use of gasoline is strictly prohibited and will create a fire and potential danger of explosion. Do not attempt to connect a fuel line to the modern burner unit in the vicinity of any open flame. Ensure the fuel hose connections are secure to avoid fuel spillage. Prevent a possible fire hazard by having rags on hand to absorb any spillage.

- (7) Prepare the modern burner units in accordance with TM 10-7310-281-13&P.
- e. Prepare FSC for use.
 - (1) Prepare water to operate the FSC.
 - (2) Prepare the sinks for operation.

WARNING: Do NOT touch metal surfaces of sink when the burner units are in use. Severe burns may result.

- (3) Prepare the burner units for use.

WARNING: The water in the fourth sink is extremely hot. Wear protective clothing during use.

- (4) Manually clean and sanitize pots, pans, utensils, and other food handling items.
- (5) Change water in the sinks as needed when too dirty.
- (6) Upon completion of washing and sanitizing operations, shut down the equipment.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Assembled tent, extendable, modular, personnel following TM 10-8340-224-13 instructions.	_____	_____
2 Assembled CK following TM 10-7360-226-10 instructions.	_____	_____
3 Assembled FSC-90 following TM 10-7360-211-13&P instructions.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

ATP 4-41. *Army Field Feeding and Class I Operations.*

TM 10-7310-281-13&P. *Operator's, Unit, and Direct Support Maintenance Manual Including Repair Parts and Special Tools List (RPSTL) for Modern Burner Unit (MBU) (NSN 7310-01-452-8137) Modern Burner Unit (MBU-V3) (NSN 7310-01-507-9310).*

TM 10-7360-211-13&P. *Operator's, Unit, and Direct Support Maintenance Manual Including Repair Parts and Special Tools List for Food Sanitation Center (FSC), Model FSC-90 (NSN 7360-01-277-2558) Model FSC-2 (7360-01-496-2112).*

TM 10-7360-226-10. *Operator Manual for Containerized Kitchen (CK) (with Trailer) (NSN 7360-01-473-3408) (EIC YB6).*

TM 10-8340-224-13. *Operator, Unit, and Direct Support Maintenance Manual for Tent, Extendable, Modular, Personnel (TEMPER).*

Related

None

Inspect an Army Medical Field Feeding System

081-68M-2201

This individual task was presented earlier in the STP on page 3-17 as a readiness requirements task. The content requirements are the same.

Subject Area 12: Nutrition Department Management
Manage Nutrition Food Automated System Data
081-68M-2502

This individual task was presented earlier in the STP on page 3-27 as a readiness requirements task. The content requirements are the same.

Enforce Cash Control Standards

081-68M-2500

This individual task was presented earlier in the STP on page 3-24 as a readiness requirements task. The content requirements are the same.

Manage Food Service Operations

081-68M-2501

Conditions: You are a shift supervisor within the Production and Services Branch of the Nutrition Care Department of a hospital food service facility. You plan for and supervise the daily operations of a team of nutrition care specialists, civilians, and contract staff. You will need writing paper, pen, production worksheet, TB MED 530, TC 8-502, and local standard operating procedures.

Standards: Supervise your team ensuring they perform food production and sanitation responsibilities in accordance with the TB MED 530 and applicable references while adhering to all task measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review the day and shift production worksheet.

NOTE: Production worksheets should be available in advance. Ensure you understand the requirements of the upcoming meal and any preparation required by the shift for future meals.

- a. Discuss any pre-meal preparation by other shifts with that shift supervisor, if applicable.
 - b. Verify with supply personnel that food and non-food products are available (or will be available) and pre-positioned (that is, thawed) for the meal.
 - c. Preliminarily assign kitchen roles based on team members scheduled to work.
2. Complete a walk-through of the kitchen area before the shift.
 - a. Ensure all equipment needed for the shift is turned on and in working order.
 - b. Submit a work order per department policy, and make adjustments to workflow.
 - c. Inspect all areas of the kitchen to ensure there are no real or potential safety hazards prior to work beginning.
3. Conduct a huddle at the beginning of the shift.
 - a. Account for all team members.
 - (1) Document unaccounted for personnel.
 - (2) Locate unaccounted for personnel after the huddle, and check on their welfare.
 - (3) Document all excused and unexcused absences per department policy.
 - b. Inspect all members of the team ensuring they are within standards for uniform, appearance, jewelry, and nails.

NOTE: Include review of headgear and footwear. Uniform must be clean and free of excess wrinkles, visible soil, and rips and tears.

- c. Confirm that team members are not currently sick or infectious per TB MED 530 guidelines.
 - (1) Check for visible sores and visible soiled bandages.
 - (2) React appropriately per department policy.
- d. Review production worksheet with staff.

- (1) Review the food items on the menu for the day, the quantities required, and the timelines for preparation and service.
 - (2) Relay the contingency plan for items that run out and any already known available substitution items.
 - e. Assign kitchen roles and menu item responsibilities.
 - (1) Confirm team members are properly trained on their assigned roles in accordance with competency assessments included in the competency assessment file, the menu item requirements, and equipment to be used, if applicable.
 - (2) Assign work break times into schedule.
4. Observe shift service and team members performing their duties.

NOTE: Be available and present in the kitchen areas during entire shift.

- a. Supervise all areas of the kitchen to ensure assigned tasks are being accomplished in accordance with the directions given.
- b. Monitor for safety and other environmental concerns.
 - (1) Provide appropriate corrective action, as necessary.
 - (2) Document based on department policies and local union agreement.
- c. Diffuse unexpected situations by proactively providing additional direction to team members and documenting unexpected situations per department policies.

NOTE: For example, reducing the production of excess food items, substituting items that have run out, making emergency supply pulls, addressing disagreements or miscommunications between team members, and restocking areas. This may include reprioritizing assigned roles and responsibilities.

- d. Address external customer concerns, and escalate concerns to higher management, as needed.
- e. Complete food item, refrigerator, freezer, and holding area temperature logs.

5. Provide cash control management.

NOTE: The cash control supervisor position is normally held by a civilian. In some forward operating locations, the duties of the cash control supervisor must be performed by the 68M.

- a. Issue all cash and cash tills to cashiers ensuring sufficient coin and currency change for retail food service operations.
- b. Confirm throughout the meal service that the cashiers have sufficient change available to complete tasks.
- c. Validate the change fund and cash collections with each cashier at the end of each service period.
- d. Report cash discrepancies over or under one-half of one percent (0.005) of each cashier's meal collection to the Production and Services Branch noncommissioned officer in charge or general manager at contract sites.
 - (1) Annotate all discrepancies on a cash discrepancy log.

NOTE: Contractor provided cashier service will also be annotated on the Quality Assurance Surveillance Plan.

- (2) Refer any discrepancies not resolved by Production and Services Branch to the noncommissioned officer in charge and Chief, Nutrition Care Division.
- e. Secure all cash at the end of the operating period or operating day.
- f. Ensure security of the safe and cash room at all times.

NOTE: Allow only appointed personnel listed on the secured cash room area memorandum unsupervised access to the safe and the room in which it is stored.

- g. Deposit all generated revenue to the appointed collection office at the appropriate processing time.
6. Complete kitchen area walk-through at the end of the meal.
- a. Oversee disposal and safe storage of leftover cooked and non-cooked food items.
 - b. Observe and provide direction as needed on appropriate and safe techniques and chemicals used to clean and sanitize all equipment, utensils, service ware, kitchenware, walls, floors, tables, and other kitchen areas.
 - c. Ensure all equipment, utensils, service ware, and kitchenware are returned to their appropriate storage locations.
 - d. Inspect the cleanliness of the kitchen area.
 - e. Release staff based on the completion of their tasks.
7. Complete the local production worksheet at the end of the shift.
- a. Account for all items made, sold, leftover amounts, and run out times of items that had no leftovers.

NOTE: Include items substituted or added during the meal and items that spoiled prior to or after being served.

- b. Reconcile unexplained differences in items made, sold, leftover, or that ran out with team members to uncover any systemic or anomalous concerns.

NOTE: Work with team members and higher management, if applicable, to resolve the concern and eliminate future issues.

- c. Turn in the completed local production worksheet to production planner for future forecasting.
- d. Communicate any concerns about the shift service to the production planner, other shift supervisors, and higher management.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

- 1 Reviewed the day and shift production worksheet.

GO NO GO

Performance Measures:

	GO	NO GO
2 Completed a walk-through of the kitchen area before the shift.	_____	_____
3 Conducted a huddle at the beginning of the shift.	_____	_____
4 Observed shift service and team members performed their duties.	_____	_____
5 Provided cash control management.	_____	_____
6 Completed kitchen area walk-through at the end of the meal.	_____	_____
7 Completed the production worksheet at the end of the shift.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:**Required**TB MED 530. *Tri-Service Food Code*.TC 8-502. *Nutrition Care Operations*.**Related**

None

Subject Area 13: Safety and Storage of Food
Process the Receipts of Nutrition Care Subsistence
081-68M-2103

This individual task was presented earlier in the STP on page 3-40 as a readiness requirements task. The content requirements are the same.

Maintain Physical Security of Nutrition Care Department**081-68M-2101**

Conditions: You work in a Nutrition Care Department in the operational environment. You have been tasked with maintaining the physical security of the Nutrition Care Department. You will need DA Form 5513 (*Key Control Register and Inventory*), AR 25-2, AR 190-13, local standard operating procedures, clipboard, pen, and paper.

Standards: Maintain physical security of the Nutrition Care Department preventing unauthorized access to property, equipment, and subsistence supplies in accordance with AR 190-13, and local standard operating procedures while adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review local standard operating procedure.
 - a. Review facility physical security procedures.

NOTE: Review the local nonspecific checklist for areas and items to be secured, for example, main production area, clinical dietetics office, subsistence, and supply.

- b. Review key control procedures.
 - c. Review safety inspection procedures.
 - d. Review emergency notification numbers.
 - e. Review list of key personnel.
2. Gather required materials:
 - a. Facility keys.
 - b. Facility checklist.
 - c. Clipboard.
 - d. Pen.
3. Verify that all personnel have departed the facility.
 - a. Escort any unauthorized personnel out of the facility.
 - b. Annotate on the facility checklist any authorized personnel remaining after duty hours.
4. Secure doors and windows.
 - a. Physically turn each knob.
 - b. Ensure all fire doors are closed.
 - c. Physically attempt to open each window.
 - d. Look for cracked (damaged windows).
 - e. Close all blinds.
 - f. Notify the noncommissioned officer in charge of any areas that cannot be secured.
5. Verify that all security lights are functional.
 - a. Ensure all lights are working properly.

- b. Check for any broken lights.
- c. Notify the noncommissioned officer in charge of any broken or inoperable lights.

- 6. Check the facility key box.
 - a. Ensure the key box is locked.
 - b. Review the key register for keys not signed in.

NOTE: DA Form 5513 may have more than one entry per day.

- c. Conduct a physical accountability to locate the key(s).
- d. Annotate the security check on the key box log inside the key box.

- 7. Verify that the facility safe is secured.
 - a. Turn safe handle to ensure safe is secure.

NOTE: If safe is unsecured, lock it.

- b. Annotate the security check on the safe log affixed to the top of the safe.

- 8. Secure the storage access areas.

NOTE: Check external and internal storage areas to include freezers, refrigerators, dry storage, and expendable item storage areas.

- 9. Verify that all computers are logged off.
- 10. Check copiers, fax machines, and paper recycling containers for sensitive information.
 - a. Place in secured area.
 - b. Ensure automated locking devices are present.

NOTE: If locking devices are not present, annotate on facility checklist, and notify the noncommissioned officer in charge.

- 11. Annotate violations on the security checklist.
- 12. Report irregularities discovered promptly to the designated security office for corrective action.
- 13. Sign the checklist.
- 14. Place the security checklist in designated area for the noncommissioned officer in charge review.
- 15. Turn off the lights.
- 16. Lock the exit door.
- 17. Return facility keys in accordance with the local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Reviewed local standard operating procedure.	_____	_____
2	Gathered required materials:	_____	_____
	a. Facility keys.		
	b. Facility checklist.		
	c. Clipboard.		
	d. Pen.		
3	Verified all personnel have departed the facility.	_____	_____
4	Secured doors and windows.	_____	_____
5	Verified all security lights were functional.	_____	_____
6	Checked the facility key box.	_____	_____
7	Verified the facility safe is secured.	_____	_____
8	Secured the storage access areas.	_____	_____
9	Verified all computers were logged off.	_____	_____
10	Checked copiers, fax machines, and paper recycling containers for sensitive information.	_____	_____
11	Annotated violations on the security checklist.	_____	_____
12	Reported irregularities discovered promptly to the designated security office for corrective action.	_____	_____
13	Signed the checklist.	_____	_____
14	Placed the security checklist in designated area for the noncommissioned officer in charge review.	_____	_____
15	Turned off the lights.	_____	_____
16	Locked the exit door.	_____	_____
17	Returned facility keys in accordance with the local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 25-2. *Army Cybersecurity.*

AR 190-13. *The Army Physical Security Program.*

DA Form 5513. *Key Control Register and Inventory.*

Related

None

Perform a Quality Control Subsistence Inspection
081-68M-2102

This individual task was presented earlier in the STP on page 3-37 as a readiness requirements task. The content requirements are the same.

Conduct a Nutrition Care Division Performance Improvement Study

081-68M-2100

Conditions: You are assigned to a medical treatment facility Nutrition Care Division and tasked with conducting a Nutrition Care Division process improvement study. You will need the appropriate surveying documents, computer and printer, AR 40-68, TC 8-502, local quality assurance policies, standard operating procedures, and a copy of the criteria established by the local performance improvement committee.

Standards: Determine Nutrition Care Division level of care and service compliance with medical treatment facility local performance improvement criteria, and monitor improvement initiatives through resolution in accordance with local policies, local standard operating procedures, and applicable references adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Collect survey data.

NOTE: Survey data may include but is not limited to: inpatient and outpatient medical records; safety incident reports (for example, patient near misses); evaluation of nutrition instruction for inpatients, outpatients, and the community; assessment of food quality, accuracy, temperature and timeliness of patient tray delivery; temperature logs for department refrigerators, freezers, warmers, and ware washing equipment; handwashing frequency observations; call center phone wait time; patient screening accuracy and timeliness; patient and dining facility satisfaction surveys; clinic utilization management findings (access to care, provider productivity, and provider clinic available time); and Army Medical Command Nutrition Program Office end of the month reports.

2. Analyze the data against established Performance Improvement Committee criteria.
 - a. Identify scope of care or service.
 - b. Identify aspects of care or service.
 - c. Identify goals and established criteria.
 - d. Identify indicators and outcomes of care or service.
3. Identify potential problems, trends, and patterns of performance.
4. Initiate corrective action on identified problems.

NOTE: To be effective, corrective action must be appropriate to the cause of the identified problem.

- a. Determine what action is appropriate.
 - b. Identify who is responsible for implementing action.
 - c. Identify the required change.
 - d. Establish an implementation date for changes.
5. Monitor improvement until there is evidence the problem has been resolved.

NOTE: Corrective action will be monitored until there is evidence the problem has been resolved.

- a. Assess the corrective action.
 - b. Document improvement or non-improvement.
6. Communicate progress and results.
 - a. Brief individuals involved in the study on the outcome.
 - b. Brief individuals responsible for implementation of change.
 - c. Brief chain of command on outcome.
 - d. Brief Performance Improvement Committee on outcome.
7. Prepare a written report.
 - a. Document all activities, findings, conclusions, recommendations, actions taken, and results of actions taken.
 - b. Provide the medical treatment facility Performance Improvement Committee with a copy of the report.
8. Maintain records for historical reference and audits in accordance with the local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Collected survey data.	_____	_____
2 Analyzed the data against established Performance Improvement Committee criteria.	_____	_____
3 Identified potential problems, trends, and patterns of performance.	_____	_____
4 Initiated corrective action on identified problems.	_____	_____
5 Monitored improvement until there was evidence the problem had been resolved.	_____	_____
6 Communicated progress and results.	_____	_____
7 Prepared a written report.	_____	_____
8 Maintained records for historical reference and audits in accordance with the local standard operating procedure.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-68. *Clinical Quality Management.*

TC 8-502. *Nutrition Care Operations.*

Related

None

Skill Level 3
Subject Area 14: Community Nutrition
Manage a Health Promotion Program
081-68M-3400

This individual task was presented earlier in the STP on page 3-11 as a readiness requirements task. The content requirements are the same.

Subject Area 15: Deployable Nutrition
Select a Site for Army Medical Field Feeding Operations
081-68M-3200

Conditions: You are the senior nutrition care specialist in charge of a medical field feeding operation and must plan the establishment of an Army Medical Field Feeding System element. You will need a secure site, a sketch of the terrain, a pencil, a measuring tape, the table of organization and equipment for a tactical hospital, and ATP 4-41.

Standards: Select a site for medical field feeding operations by sketching a layout of a medical field feeding operation that would support a tactical hospital with 100% adherence to ATP 4-41 and submit the sketch layout to the approving authority for approval.

Performance Steps:

1. Conduct a site assessment for each functional area.
 - a. Define size requirements.
 - (1) An eight-section tent, extendable, modular, personnel for the dining tent.

NOTE: An Alaska structure, if available, may be used for dining tent.

- (2) A four-section tent, extendable, modular, personnel for the field sanitation center.
 - (3) An additional 600 square feet when the field sanitation center is connected to the containerized kitchen. One two-section tent, extendable, modular, personnel measures 16 x 20 feet.

NOTE: The site selected for erecting the Army Medical Field Feeding System should meet the functional requirements and be convenient to medical wards and logistical assets of the operation.

- b. Select an area to set up the containerized kitchen.

NOTE: Ensure area will have space to allow movement if the containerized kitchen is on trailer.

- (1) Level, with clearance.
 - (2) Measuring 64 x 20 feet.
 - (3) Accessible to hospital wards and ambulatory patients.
 - (4) Free of large rocks and tree stumps.
 - (5) Providing natural camouflage and cover.
 - (6) Accessible to travel routes for flexibility in vehicular movement and expedient ration, water, and supply deliveries.
 - c. Select an area to set up the field sanitation center.
 - (1) Measuring 32 x 20 feet.
 - (2) High, dry ground with sandy soil or soil with gravel for drainage.
 - d. Select an area for potable water source.

NOTE: If drainage is questionable, ensure the area allows for digging drainage.

- e. Select an area for refrigeration.

NOTE: Each nutrition care section is assigned one 150-cubic-foot refrigerator.

- (1) Measure an area 8 × 8 × 20 feet for refrigeration.
- (2) Ensure the area is available and accessible to supply delivery routes.
- f. Select an area to construct field expedients.
 - (1) Liquid waste disposal.
 - (2) Solid or semisolid waste disposal.
 - (3) Handwashing devices.
- g. Designate an area at least 50 feet away from the containerized kitchen as the fuel point.
- h. Ensure the containerized kitchen is at least 100 yards away from the nearest latrine.

NOTE: Advise the ward master on the requirements for placement of the latrines.

- 2. Sketch a diagram of proposed placement of the Army Medical Field Feeding System.
- 3. Annotate potential regulatory violations or considerations, for example, minimum distance requirements for latrine placement or local no dig, no burn policies.
- 4. Present the sketch to the ward master for approval.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Conducted a site assessment for each functional area.	_____	_____
2 Sketched a diagram of proposed placement of the Army Medical Field Feeding System.	_____	_____
3 Annotated potential regulatory violations or considerations, for example, minimum distance requirements for latrine placement or local no dig, no burn policies.	_____	_____
4 Presented the sketch to the ward master for approval.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

ATP 4-41. *Army Field Feeding and Class I Operations.*

Related

None

Determine Operational Rations for Army Medical Field Feeding Operations**081-68M-3201**

Conditions: You have been tasked by your commander to estimate operational rations for an upcoming deployment. You will need a unit manning roster, unit operation order, AR 30-22, ATP 4-02.10, and DA Form 5913 (*Strength and Feeder Report*).

Standards: Submit a DA Form 5913 with the types and numbers of operational rations needed to provide regular and therapeutic field feeding with 100% accuracy.

Performance Steps:

1. Review the unit's operation order provided by the unit commander.

NOTE: It will outline mission, scope of care, and requirements for determining operation rations. Operational situations are key in determining the type of rations to recommend. Meals, ready to eat will be used for all meals during initial deployments.

2. Consult with the unit commander and the supply personnel on the type of rations that may be available to support the operation order.

NOTE: The unit commander has the option to select unitized group rations (UGRs), heat and serve (UGRs-H&S), A-Option (UGRs-A), or meals, ready to eat based on the operational situation.

- a. Provide guidance to the unit commander on operational capabilities of the nutrition care section related to the rations.
- b. Document the unit commander's selection for operational rations.

3. Identify the number of hospital staff, ancillary units, or personnel expected to subsist at the nutrition care section.

NOTE: These numbers are obtained by the unit manning roster provided by the personnel section and information provided by the commander and first sergeant. The unit commander will fill out DA Form 5913 for the company and forward it to the nutrition care personnel (see figure 3-1, on page 3-116).

STRENGTH AND FEEDER REPORT				
For use of this form, see DA PAM 30-22; the proponent agency is DCS, G-4.				
1. UNIT/ORGANIZATION 41ST HOSPITAL CENTER		2. TO HHC, 236TH BN		3. DATE (YYYYMMDD) 20210712
4. REPORT DATES (YYYYMMDD) 20210712				5. <input type="checkbox"/> REQUEST <input type="checkbox"/> REPORT
6. PERSONNEL PRESENT FOR DUTY BY SERVICE COMPONENT				
U.S. ARMY (Active)	223			
U.S. AIR FORCE (Active)	4			
U.S. NAVY (Active)				
U.S. MARINES (Active)	24			
ARNG				
USAR				
7. SUPPORTED UNITS				
8. MEALS SOLD FOR CASH				
9. GRAND TOTAL	251			
10. REMARKS PROVIDE MRES FOR EACH LUNCH MEAL.				
11a. SIGNATURE J DOE		11b. RANK CPT		11c. DATE (YYYYMMDD) 20210711

DA FORM 5913, MAR 2006 DA FORM 5913, JUL 2002, IS OBSOLETE. APD LC V1.02ES

Figure 3-1. Sample DA Form 5913

4. Identify special dietary requirements for the staff.
 - a. Prepare a by name roster for the number of required religious rations.

NOTE: Chaplains will assist with verification.

- b. Prepare a by name roster for the number of required vegetarian rations.
 - c. Identify any other dietary restrictions.

NOTE: For example, low sodium.

5. Estimate the patient census and requirements for subsistence.
 - a. Based on casualty estimates.

NOTE: The Patient Administration Division, based on military intelligence, determines casualty estimates. You will need these numbers to plan for special dietary needs and to justify ordering of the medical diet supplement kits.

NOTE: A medical diet supplement kit is used in combination with the meals, ready to eat and UGR. It provides commercial semi-perishable food components required to prepare therapeutic diets and supports 50 patients for a 15-day period. Refer to ATP 4-02.10 for diets the UGR-A will support.

- b. Know the maximum number of patients determined by hospital configuration according to the Medical Reengineering Initiative.
6. Calculate the number of rations to order based on the number of staff and patients.
 - a. Calculate UGR requirements for staff based on 50 meals per module. For example, to feed 250 personnel, you will need to order five modules.
 - b. Calculate UGR-A and UGR-H&S requirements for patients based on 50 meals per module.
 - c. Calculate meals ready to eat requirements for staff based on 12 meals per box.
7. Prepare the DA Form 5913 per the respective military service.

NOTE: Where theater issue policy differs, staff feeding requirements may be different from patient feeding requirements based on operational situation and patient needs. A separate DA Form 5913 must be submitted to request special meal requirements.

- a. Annotate the number of personnel on the DA Form 5913 per the respective military service.
 - b. Annotate the number of special dietary requirements within the REMARKS section of the DA Form 5913.
8. Submit the completed DA Form 5913 through the unit supply section.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:

	GO	NO GO
1 Reviewed the unit's operation order provided by the unit commander.	_____	_____
2 Consulted with the unit commander and the supply personnel on the type of rations that may be available to support the operation order.	_____	_____
3 Identified the number of hospital staff, ancillary units, or personnel expected to subsist at the nutrition care section.	_____	_____

Performance Measures:	GO	NO GO
4 Identified special dietary requirements for the staff.	_____	_____
5 Estimated the patient census and requirements for subsistence.	_____	_____
6 Calculated the number of rations to order based on the number of staff and patients.	_____	_____
7 Prepared the DA Form 5913 per the respective military service.	_____	_____
8 Submitted the completed DA Form 5913 through the unit supply section.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 30-22. *Army Food Program.*

ATP 4-02.10. *Theater Hospitalization.*

DA Form 5913. *Strength and Feeder Report.*

Related

None

Subject Area 16: Nutrition Department Management

Develop a Nutrition Care Menu

081-68M-3501

This individual task was presented earlier in the STP on page 3-32 as a readiness requirements task. The content requirements are the same.

Determine Forecast of Menu Items

081-68M-3500

This individual task was presented earlier in the STP on page 3-30 as a readiness requirements task. The content requirements are the same.

Subject Area 17: Safety and Storage of Food
Evaluate a Hazard Analysis Critical Control Point Program
081-000-0166

Conditions: You are evaluating a hazard analysis critical control point program. Given a thermometer, potential of hydrogen tester, test strips, pen, paper, AR 40-657, TB MED 530, the approved hazard analysis critical control point program, all applicable command policies, and local standard operating procedures.

Standards: Evaluate hazard analysis critical control point programs in accordance with all applicable command policies and local standard operating procedures.

NOTE: The proponent is 68R.

Performance Steps:

1. Review the food establishments approved hazard analysis critical control point program
2. Verify the food establishment's compliance with the hazard analysis critical control point program.
 - a. Review documentation.
 - b. Ensure critical control point limits are monitored and recorded.
 - c. Verify any corrective actions.
3. Evaluate the food inspector's monitoring of the hazard analysis critical control point program.
 - a. Confirm military food inspector is performing checks.
 - b. Ensure corrective actions have been taken.
 - c. Confirm military food inspector is documenting results.
4. Document results in accordance with local standard operating procedures.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed the food establishment's approved hazard analysis critical control point program.	_____	_____
2 Verified the food establishment's compliance with the hazard analysis critical control point program.	_____	_____
3 Evaluated the food inspector's monitoring of the hazard analysis critical control point program.	_____	_____
4 Documented results in accordance with local standard operating procedures.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-657. *Veterinary/Medical Food Safety, Quality Assurance, and Laboratory Service.*
TB MED 530. *Tri-Service Food Code.*

Related

None

Skill Level 4**Subject Area 18: Nutrition Department Management****Prepare a Nutrition Care Financial Accounting and Operations Report****081-68M-4501**

Conditions: You are assigned to a medical treatment facility (MTF) and must submit the monthly Nutrition Care Division activities report. You will need a computer, a calculator, and access to the Nutrition Management Information System, monthly physical inventory records, the MTF treasurer's office, monthly expenditures to include purchase orders, government purchase card receipts, any outside food vendor contracts, AR 40-3, and TC 8-502.

Standards: Report and submit the status of the Nutrition Care Division accounts and activities to the approving authority for review by the tenth calendar day following the end of the reporting month in accordance with TC 8-502 and local standard operating procedures adhering to all task performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review current regulations to identify report requirements.
2. Obtain the number of meal transactions in each of the customer categories.
 - a. Patients: report the total number of actual patient meals served on wards and in the dining facility.
 - b. Cooked therapeutic inflight meals: report the total number of inflight meals prepared and supplied for patients being transported to another MTF.
 - c. Subsistence in kind (SIK) (meal-card holders): report the total number of SIK meal transactions served to military members with meal cards, excluding Wounded Warriors.

NOTE: Non-a-la carte facilities will account for SIK using DA Form 3032 (*Signature Headcount Sheet*).

- d. Wounded Warrior meal-card holders: report the total number of SIK meal transactions for this population as indicated on the cash register report.
- e. Cash patrons (dining facility): report the total number of cash patron transactions as indicated on cash register report.

NOTE: Non-a-la carte facilities: meal days (cash) times three.

- f. Cash patrons (catering functions): report the total number of cash patron transactions for catering functions.
- g. Report total transactions.

NOTE: This entry is automatically calculated. It includes the total sum of patients, cooked therapeutic inflight meals, SIK, Wounded Warriors, and cash patron-dining facility (includes total number of meals and workload for catering functions).

3. Obtain the number of events and cash collected for official on-site meal functions.

- a. Number of events: report the total number of catering functions and events in which food service operations supported.
- b. Cash collected: report the total cash collected for catering functions and events in which food service operations supported.

- 4. Obtain the total number of meals of ambulatory patient visits and other outpatient meals.
- 5. Obtain the number of meals served in each category for each meal period.

NOTE: If a night meal is served, enter total number of meals served each category. For holiday meals (Thanksgiving and Christmas), it is the total number of meals served with holiday pricing.

- 6. Obtain totals for outpatient food service support (food cost).
 - a. Ambulatory patient visit meal cost: obtain the total cost of food support for ambulatory patient visits (oral challenges) and outpatient clinic nourishment costs.
 - b. Wounded Warrior non-reimbursed meal cost: obtain the total non-reimbursed meal cost for Wounded Warrior meals.

NOTE: The difference between actual cost of meal served and reimbursed value meal provided for Wounded Warriors, if losses incurred. The value is zero, if no losses incurred.

- c. Occupational therapy activities of daily living treatment food support: obtain the total cost of food support for activities of daily living or other treatments for Wounded Warriors, if applicable.
- d. Overseas contingency operations reimbursement: obtain the total dollars reimbursed in support of approved overseas contingency operations activities, if applicable.
- e. Total reimbursement: obtain the total dollars reimbursed in support of approved overseas contingency operations activities, if applicable.

- 7. Obtain account status data.
 - a. Obtain the MTF basic daily food allowance (BDFA) from the [Army Quartermaster](#) website.

NOTE: The MTF BDFA is the authorized monetary value of a meal day as provided through the area troop issue subsistence activity food service advisor.

- b. Obtain the patient BDFA using the patient supplemental percentage factor of 1.15.

NOTE: The patient BDFA is the authorized monetary value of a meal day for patients (1.15 multiplied by MTF BDFA; this entry is calculated automatically). Patient BDFA equals MTF BDFA multiplied by 1.15. For example, $\$9.15 \times 1.15 = \10.52 per day.

- c. Purchases: enter the dollar value of subsistence received for the month.

NOTE: This number includes the surcharge for the prime vendor contract management fee.

- d. Calculate revenue.

- (1) Subsistence earnings (earned income): calculate the sum of patient meal days multiplied by patient BDFA plus SIK meal days multiplied by MTF BDFA plus cash collected minus surcharge.
- (2) Surcharge collections: enter money collected in the dining facility to offset operating expenses.

NOTE: The surcharge rate is determined annually by the Department of Defense Comptroller and is used to determine the selling price for food items.

- (3) Total revenue.

NOTE: This entry is calculated automatically (total subsistence earnings plus surcharge collections).

- e. Amount overspent (plus) or underspent (minus) (purchases minus subsistence earnings).

NOTE: This entry is calculated automatically (purchases minus subsistence earnings [earned income]). Underspent (minus) will appear in parenthesis. It is a statement of profit or loss.

- f. Opening inventory: obtain the value of food held in inventory at the beginning of the reporting month (current month).

NOTE: Found in the Nutrition Management Information System.

- g. Closing inventory.
 - (1) Enter the value of food held in inventory at the end of the reporting month.
 - (2) Fiscal year to date column: enter the current month's closing inventory.

NOTE: Found in the Nutrition Management Information System.

- h. Amount overspent (plus) or underspent (minus) after inventory adjustment.

NOTE: This entry is calculated automatically (purchases minus total subsistence earnings plus the opening inventory minus closing inventory). It indicates the actual value of food consumed and the margin of profit or loss.

- i. Inventory variance: calculate the difference between the actual and expected value of inventory (equal to opening inventory plus purchases minus net issues).

NOTE: Differences greater than 0.5 percent should be explained in suspicious activity report.

8. Obtain other support costs.
 - a. Nutritional supplements: enter the cost of nutritional supplements and commercial tube feeding provided to inpatients.

NOTE: This budget line item may be purchased with pharmacy funds or a special budget established by the resource management officer for supplement purchases by the Nutrition Care Division.

- b. Bulk nourishments: enter total cost of inpatient bulk nourishments supplied to the wards.
- c. Supply cost: enter the cost of all nonfood supplies minus capital equipment expense program and medical care support equipment items.

9. Obtain staffing data: enter the number of full-time equivalent (FTE) personnel authorized and assigned in each category below.

NOTE: This entry does not take into consideration military deployments. Military authorizations are equated to one FTE.

- a. Officers assigned.
- b. Enlisted assigned.
- c. Civilian FTE assigned.

NOTE: Civilian FTE is defined as a 40-hour workweek. Part-time and intermittent employees are figured by the number of hours worked per week divided by 40. (For example, 20 hours per week equates to 0.5 FTE; 32 hours per week equates to 0.8 FTE). If calculated on a monthly basis (two pay periods), add part-time and intermittent labor hours for the month, and divide by 160.

- d. Civilian contractors assigned.

10. Obtain readiness data.

- a. Officer deployments: enter the number of military deployed (support and sustainment operations, deployments).
- b. Enlisted deployments: enter the number of military deployed (support and sustainment operations, deployments).

11. Obtain clinical workload data.

- a. Outpatient visits—total encounters: enter the total number of outpatient medical nutrition therapy encounters per the end of the month Composite Health Care System Report.
- b. Outpatient visits—total relative value units: enter the total number of relative value units reported officially by the resource management officer.

NOTE: Information is typically not available until two months after the reporting month.

- c. Inpatient visits—total encounters: enter the total number of inpatient medical nutrition therapy encounters per the end of the month Composite Health Care System Report.
- d. Inpatient visits—total relative value units: enter the total number of relative value units reported officially by the resource management officer.

NOTE: Information is typically not available until two months after the reporting month.

12. Obtain health promotion—community activities: enter the number of activities or events supported, number of hours spent by provider and staff member, and number of participants.

NOTE: These are considered non-workload activities, for example, classes and child development center menu reviews.

13. Fill out the monthly cost accounting report.

14. Submit the report to the approving authority for review in accordance with AR 40-3.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Reviewed current regulations to identify report requirements.	_____	_____
2	Obtained the number of meal transactions in each of the customer categories.	_____	_____
3	Obtained the number of events and cash collected for official on-site meal functions.	_____	_____
4	Obtained the total number of meals of ambulatory patient visits and other outpatient meals.	_____	_____
5	Obtained the number of meals served in each category for each meal period.	_____	_____
6	Obtained totals for outpatient food service support (food cost).	_____	_____
7	Obtained account status data.	_____	_____
8	Obtained other support costs.	_____	_____
9	Obtained staffing data: enter the number of full-time equivalent (FTE) personnel authorized and assigned in each category.	_____	_____
10	Obtained readiness data.	_____	_____
11	Obtained clinical workload data.	_____	_____
12	Obtained health promotion—community activities: enter the number of activities or events supported, number of hours spent by provider and staff member, and number of participants.	_____	_____
13	Filled out the monthly cost accounting report.	_____	_____
14	Submitted the report to the approving authority for review in accordance with AR 40-3.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all

performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-3. *Medical, Dental, and Veterinary Care.*

TC 8-502. *Nutrition Care Operations.*

Related

None

Develop a Hazard Analysis Critical Control Point Program

081-68M-4504

This individual task was presented earlier in the STP on page 3-35 as a readiness requirements task. The content requirements are the same.

Develop the Nutrition Care Emergency Preparedness Plan

081-68M-4502

Conditions: You are the noncommissioned officer in charge of the medical treatment facility Nutrition Care Division (NCD) in a deployed or clinical environment. You are required to develop the NCD Emergency Preparedness Plan Annex in preparation for potential emergency and disaster situations. You will need the current medical treatment facility Emergency Preparedness Plan and NCD Emergency Preparedness Plan Annex, computer, printer, AR 40-3, and TC 8-502.

Standards: Develop a viable annex to the medical treatment facility's Emergency Preparedness Plan in accordance with AR 40-3 ensuring all task performance measures are completed with 100% accuracy and utilizing GO/NO GO criteria.

Performance Steps:

1. Designate a representative to communicate with the hospital emergency operations center.
2. Establish an emergency notification plan.

NOTE: All military personnel are considered mission essential. Civilian and contract personnel's mission-essential status will be designated in their position description. The NCD Chief may designate, in writing, civilian personnel who are mission essential in accordance with hospital policy and within the local union agreement guidelines.

- a. Develop and maintain an accurate alert and notification roster.
 - (1) Designate a representative responsible for maintaining the department alert roster.
 - (2) Designate how often and what mode (for example, written, verbal, or electronic) the alert roster will be updated.
 - (3) Review alert roster contact information for all personnel for accuracy monthly.
 - (4) Update the alert roster monthly or as changes occur.
 - b. Establish alerting and reporting procedures.
 - (1) Establish who is responsible for alerting which staff of the emergency.
 - (2) Establish timelines and contingencies if staff cannot be alerted.
 - (3) Establish who is responsible for reporting to NCD emergency operations center designated representative.
 - c. Designate who will have access to the roster and how to access it.
3. Establish how supplies will be provided during an emergency.
 - a. Review guidelines for emergency rations and water source.

NOTE: Emergency sources for subsistence, for example, troop issue subsistence activity, prime vendor, and commissary.

- b. Plan for drivers and vehicles to transport water trailers in the event the hospital's water supply is contaminated.

4. Determine the number of days expendable supplies should be on hand.

NOTE: Emergency menu and non-food items needs must include a minimum of 96 hours of supply on hand at all times. Local policy will dictate additional supply.

5. Determine additional equipment requirements.
 - a. Determine availability of emergency equipment.
 - (1) Identify equipment and lighting that have access to emergency power.
 - (2) Identify equipment powered by gas.
 - (3) Diagram the power supplied to all equipment.
 - (4) Coordinate with the chief of logistics to identify the facilities and additional equipment available for expanding feeding capacity.

NOTE: In addition to the nutrition care facilities, other areas may be available to feed personnel remotely such as a room on the hospital ward or any available areas that will facilitate feeding.

- b. Review vendor emergency procedures.
 - (1) Determine vendor subsistence and water availability in emergencies.
 - (2) Determine vendor emergency transportation plan.

6. Establish food security procedures.
 - a. Restrict parking of personal vehicles near storage area or entrances to the NCD.
 - b. Ensure supplies are kept locked in storerooms before issue.
 - c. Ensure items are issued with proper documentation in the amount needed or requested.

NOTE: Stock level records, receipt and issue records, and inventories are excellent tools for preventing theft of items.

7. Develop a sanitation plan.

NOTE: Plan should consider coordinating more frequent solid waste removal to prevent a sanitation problem. Consider:

- Increased volume of solid waste, amount of expendable supplies of paper waste, and length of time required to procure additional supplies of expendable supplies.
 - Increased ware washing, personnel available for ware washing, and expendable ware washing supplies such as detergent.
 - Location of additional garbage and refuse areas and frequency of removal.
- a. Create plans for various sanitation scenarios (for example, with or without potable water and within NCD footprint or in a different location).
 - b. Provide guidelines for temperature and chemical cleaning, rinsing, and sanitizing.
 - c. Establish the mode of service ware for use during emergency plan based on the sanitation considerations.
 - d. Develop list of equipment and materials, such as sanitation buckets and mops, needed and their quantities.

8. Develop a subsistence plan for mass casualty events.
 - a. Develop the emergency menu ensuring it meets and considers:
 - (1) Estimated headcounts.
 - (2) Available personnel.
 - (3) Available remote feeding areas and equipment.
 - (4) Available equipment and their power sources.
 - (5) Available food items that require minimum preparation and hot or cold holding.
 - (6) Ease of serving.
 - (7) Available disposable serving ware.
 - (8) Nutritional requirements.
 - (9) Ease of modification for therapeutic diets.
 - (10) Infant feeding considerations.
 - b. Develop menu subsistence list based on developed emergency menu.
 - c. Develop expendable emergency needs list (for example, disposable serving and service ware or chemicals) based on emergency menu, type of emergency, and available staffing.
9. Establish alternate feeding plans and procedures for patients, staff, and dining facility patrons for mass casualty events.
 - a. Identify additional workload considerations based on various types of emergencies.
 - (1) Estimate the reduction or addition of the number of patients, Soldiers, and their Families.
 - (2) Consider the number of additional personnel needed to augment the regular staff based on the nature of the emergency.
 - (3) Establish areas within NCD where untrained personnel can work with little or no supervision.
 - (4) Establish how many trained leaders will be needed to supervise untrained personnel and where they will be located within NCD.
 - (5) Document all workload and work placement estimations in the plan.
 - b. Develop emergency work schedules based on type and scope of emergency and the needs of the emergency menu and sanitation plan.

NOTE: Take into consideration mission-essential personnel who are unable to report and adjust scheduling and food offerings.

- (1) Alter schedules based on severity of the emergency.
- (2) Plan for 24-hour operations.
- (3) Include personnel break and rest periods.

NOTE: Consider personnel special accommodations (for example, additional sleep and rest areas).

- c. Establish a communication plan with ward staff.
 - (1) Coordinate collection of the DA Form 1829 (*Hospital Food Service - Ward Diet Roster*).

- (2) Establish manual procedures to record patient menu item selection, based on availability.
- (3) Establish manual procedures to communicate patient meal selections to kitchen personnel.

10. Establish accountability requirements for reporting all written requests for food and related services, food items provided, and associated costs.

NOTE: Requirements include but are not limited to the number of meals, number of personnel, brief descriptions of problems encountered, and statements of actions taken to solve unusual problems. In addition, DA Form 3032 (*Signature Headcount Sheet*) and DA Form 2970 (*Headcount Report*) can be used to capture number of meals and type of personnel subsisting.

11. Incorporate all plan components into a draft NCD Emergency Preparedness Plan Annex.

12. Coordinate the draft NCD Emergency Preparedness Plan Annex with applicable outside activities.

- a. Compare the feeding plan requirements with the medical treatment facility plan.
- b. Coordinate feeding plan requirements with chief of logistics.

NOTE: Requirements are based on current equipment, utilities, and facilities available for expanding feeding capability.

- c. Coordinate with other activities on post that have a role in supporting Soldiers and Families affected by mass casualty events.

13. Review the draft NCD Emergency Preparedness Plan Annex for viability, ensuring it is flexible enough to fit different emergency conditions and is not cumbersome.

14. Submit the draft NCD Emergency Preparedness Plan Annex to the NCD Chief for review.

15. Submit the NCD Emergency Preparedness Plan Annex for inclusion and update into the medical treatment facility Emergency Preparedness Plan.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:		GO	NO GO
1	Designated a representative to communicate with the hospital emergency operations center.	_____	_____
2	Established an emergency notification plan.	_____	_____
3	Established how supplies would be provided during an emergency.	_____	_____
4	Determined the number of days expendable supplies should be on hand.	_____	_____
5	Determined additional equipment requirements.	_____	_____
6	Established food security procedures.	_____	_____

Performance Measures:		GO	NO GO
7	Developed a sanitation plan.	_____	_____
8	Developed a subsistence plan for mass casualty events.	_____	_____
9	Established alternate feeding plans and procedures for patients, staff, and dining facility patrons for mass casualty events.	_____	_____
10	Established accountability requirements for reporting all written requests for food and related services, food items provided, and associated costs.	_____	_____
11	Incorporated all plan components into a draft NCD Emergency Preparedness Plan Annex.	_____	_____
12	Coordinated the draft NCD Emergency Preparedness Plan Annex with applicable outside activities.	_____	_____
13	Reviewed the draft NCD Emergency Preparedness Plan Annex for viability, ensuring it was flexible enough to fit different emergency conditions and was not cumbersome.	_____	_____
14	Submitted the draft NCD Emergency Preparedness Plan Annex to the NCD Chief for review.	_____	_____
15	Submitted the NCD Emergency Preparedness Plan Annex for inclusion and update into the medical treatment facility Emergency Preparedness Plan.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 40-3. *Medical, Dental, and Veterinary Care.*
DA Form 1829. *Hospital Food Service - Ward Diet Roster.*
DA Form 2970. *Headcount Report.*
DA Form 3032. *Signature Headcount Sheet.*
TC 8-502. *Nutrition Care Operations.*

Related

None

Prepare a Nutrition Care Fire/Safety Plan**081-68M-4500**

Conditions: You are the noncommissioned officer in charge of a dining facility in a medical treatment facility and required to prepare a fire and safety plan for the Nutrition Care Department. You will need a pen, paper, local fire and safety guidance, commander's policy letter on fire safety, AR 385-10, and TC 8-502.

Standards: Prepare a nutrition care fire and safety plan that minimizes or eliminates fire and safety hazards in accordance with the Joint Commission and AR 385-10 requirements adhering to all performance measures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review all current policies and guidance pertaining to fire and safety.
2. Evaluate the facility.
 - a. Identify evacuation routes.
 - b. Locate rally points.
 - c. Locate fire extinguishers.
 - d. Locate fire alarm devices.
 - e. Locate all alarm pull stations.
 - f. Identify fire hazards.
 - g. Identify safety hazards.
3. Establish controls to minimize or eliminate fire and safety hazards.
 - a. Evacuation routes.
 - (1) Identify evacuation exit and entry points.
 - (2) Establish routine inspection guidelines to:
 - (a) Ensure diagrams of evacuation routes and emergency numbers are posted in designated areas.

NOTE: Evacuation route diagrams will be posted throughout the facility for staff and patrons and include identification of fire and smoke doors.

- (b) Ensure aisles, corridors, and means of egress are kept free of obstruction.
 - (3) Designate a staff member responsible for ensuring all staff and patrons have evacuated building.
 - b. Rally points.
 - (1) Inspect area for possible rally points to determine suitability, spacing, and proximity.
 - (2) Establish multiple rally points based on building design and number of personnel.
 - (3) Designate a staff member responsible for obtaining accountability of staff and patrons at each rally point.
 - c. Fire extinguishers.

- (1) Coordinate with local fire and safety officer for facility requirements.
- (2) Assess the need for different types of fire extinguishers.
- (3) Establish routine inspection guidelines for all extinguishers, records, and tags to:
 - (a) Ensure fire extinguisher cabinets are present throughout the facility at approximately one every 75 feet.
 - (b) Ensure safety office is provided with a copy of completed fire and safety inspections.
- (4) Establish replacement or service procedures for inoperative and used fire extinguishers.
- (5) Assign primary and alternate fire monitors.

NOTE: Building fire monitors will be appointed on orders.

- (6) Establish routine Pull, Aim, Squeeze, and Sweep staff training procedures.
- d. Fire alarm devices.
- (1) Establish fire alarm inspection guidelines to:
 - (a) Ensure all fire alarm devices are free of obstruction.
 - (b) Ensure all audible and visual alarms are operational when activated.
 - (c) Ensure inoperative alarming and protecting devices are reported to the proper authorities.
 - (d) Ensure smoke detectors are serviceable when activated.
 - (e) Check sprinkler-testing records with fire department or local fire and safety officer.
 - (2) Establish fire drill guidelines.
 - (3) Ensure there is an operational kitchen hood system in place.
- e. Potential fire hazards.
- (1) Establish procedure to obtain approval from fire and safety officer for the use of potentially hazardous natural or man-made objects.

NOTE: Only flame-retardant decorations may be used in any health care facility. Combustible decorations are prohibited.

- (2) Establish procedures to ensure there are no electrical wiring, circuits, fittings, or attachment changes and repairs.

NOTE: The use of extension cords is prohibited except as authorized.

- (3) Establish smoking protocols to ensure personnel use designated smoking areas.
- f. Potential safety hazards.
- (1) Designate separate storage areas for chemicals and cleaning supplies.
 - (2) Establish safety inspection procedures to:
 - (a) Ensure floor mats, “wet floor” signs, and warning cones are used in wet and slippery areas.
 - (b) Ensure all Safety Data Sheet manuals are current.

- (c) Ensure Material Safety Data Sheet manuals are accessible.
- (d) Ensure all personal safety gear is worn as needed.
- (3) Establish procedures to obtain manufacturer's operator manual for each piece of equipment.

NOTE: If manuals are not available, contact manufacturer for replacement copies.

- (4) Establish procedures to remove all tripping hazards.
- 4. Draft the fire and safety plan based on the assessment of the facility.
 - a. Document the established controls.
 - b. Establish routine fire inspection schedule.
 - c. Establish routine fire drill schedule.
 - d. Establish routine safety inspection schedule.
- 5. Submit the plan to the officer in charge for review and to facility fire and safety officer for final approval.

NOTE: Wait for office in charge review results before submitting for final approval.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a laboratory, field, or operational condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed all current policies and guidance pertaining to fire and safety.	_____	_____
2 Evaluated the facility.	_____	_____
3 Established controls to minimize or eliminate fire and safety hazards.	_____	_____
4 Drafted the fire and safety plan based on the assessment of the facility.	_____	_____
5 Submitted the plan to the officer in charge for review and to facility fire and safety officer for final approval.	_____	_____

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

References:

Required

AR 385-10. *The Army Safety Program.*
TC 8-502. *Nutrition Care Operations.*

Related

None

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Glossary
Section I
Acronyms and Abbreviations

ABW	actual body weight
AFI	Air Force instruction
AFMAN	Air Force manual
AR	Army regulation
ATP	Army techniques publication
BDFA	basic daily food allowance
CBRN	chemical, biological, radiological, and nuclear
CDC	Centers for Disease Control and Prevention
CK	containerized kitchen
DA Form	Department of the Army Form
DFAS-IN	Defense Finance Accounting Service-Indianapolis
DOD	Department of Defense
F	Fahrenheit
FM	field manual
FSC	field sanitation center
ft.	feet
FTE	full-time equivalent
HACCP	hazard analysis critical control point
IBW	ideal body weight
lbs.	pounds
MBU	modern burner unit
MCO	Marine Corps order
MOS	military occupational specialty
MTF	medical treatment facility
NAVMED	Navy Medical
NAVSUP	Naval Supply
NCD	Nutrition Care Division
NCO	noncommissioned officer
NMIS	Nutrition Management Information System
OPNAVINST	Operational Naval instruction

Pam	pamphlet
PWC	percentage of weight change
SIK	subsistence in kind
SM	Soldier's manual
SMCT	Soldier's manual of common tasks
SOP	standard operating procedure
STP	Soldier training publication
TB MED	technical bulletin medical
TC	training circular
TEMPER	tent, extendable, modular, personnel
TG	trainer's guide
TM	technical manual
UBW	usual body weight
UGR	Unitized Group Ration
UGR-A	Unitized Group Ration - A
UGR-H&S	Unitized Group Ration Heat and Serve
°	degree

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STP 8-68M15-SM-TG

26 September 2022

By Order of the Secretary of the Army:

JAMES C. MCCONVILLE

*General, United States Army
Chief of Staff*

Official:

A handwritten signature in black ink, appearing to read 'Mark F. Averill', written in a cursive style.

MARK F. AVERILL

*Administrative Assistant
to the Secretary of the Army
2226610*

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