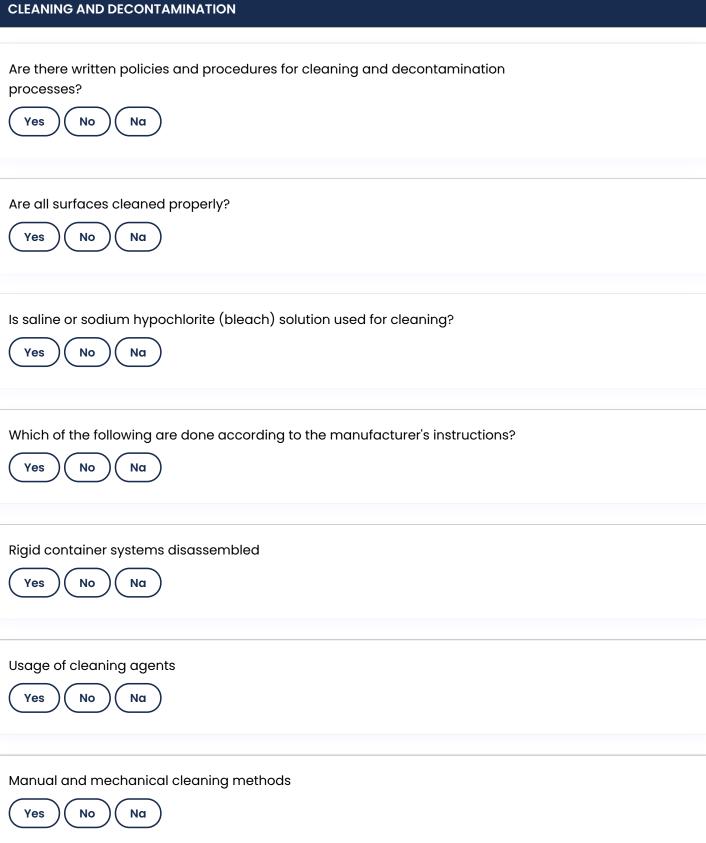
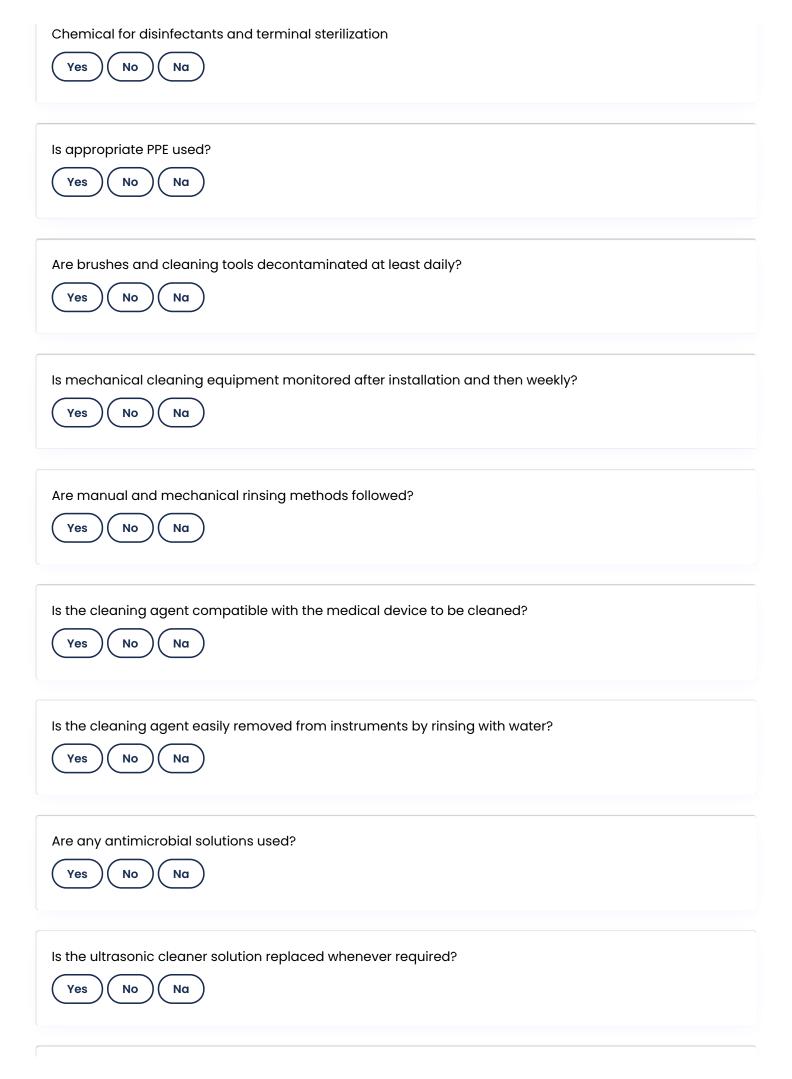
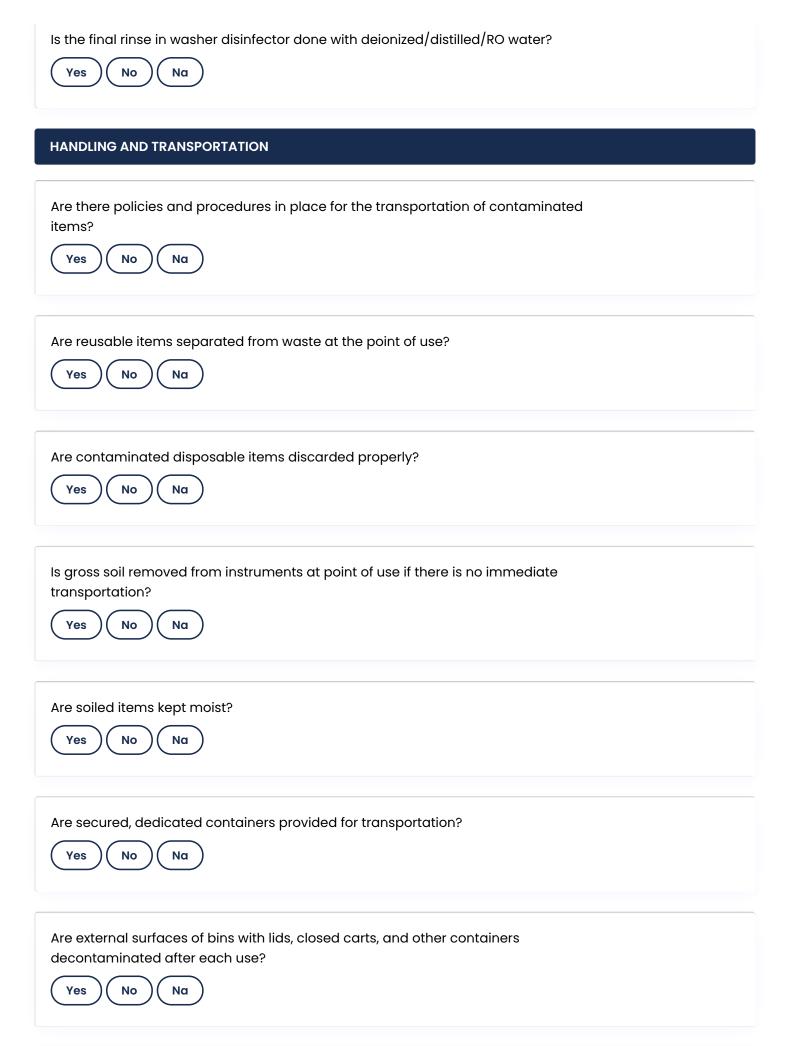
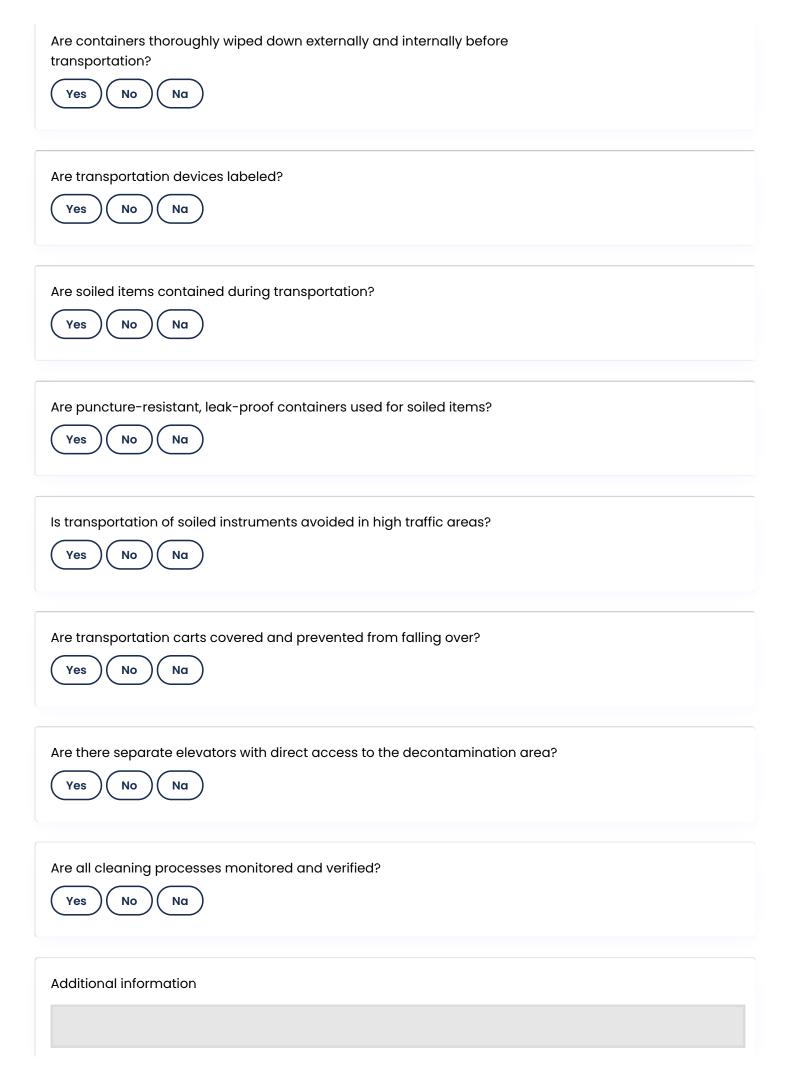
Patient Nutrition Inspection Checklist

Health Services









Inspectors Name/signature:

Inspection Date:

DATE

2017-01-01