ALTERNATE FORMS CHECKLIST

H1530 Daily Meal Production Record

Check the box by each required data element as you include that element in the design of your alternate form:

- Name of form: Identify the form, either with the name of the form, or by “Alternate Form No. H1530.” Remove all references to HHSC from the form
- Name of contractor
- Name of facility (only required for multiple facilities or if the facility name differs from contractor)
- Agreement number (this is the same as the TX number)
- Date of meal service
- Approved meal types
- Food components
- Menu(s)
- Food items used
- Quantity used
- Planned participation program meals
- Planned participation non-program meals
- Instructions – detailed instructions must include the following:
  - References to HHSC: remove all references to HHSC from the instructions to the alternate form
  - When to prepare
  - Transmittal
  - Form retention
  - Detailed instructions match form