ALTERNATE FORMS CHECKLIST

1568 Record of Recycled Meals

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. 1568.” Remove all references to TDHS 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)
- Month and year
- Date prepared
- Date first served
- Date recycled food served
- Type of recycled food
- Weight or quantity of recycled food
- Instructions – detailed instructions must include the following:
  - References to TDHS: remove all references to TDHS from the instructions to the alternate form
  - When to prepare
  - Transmittal
  - Form retention
  - Detailed instructions (consistent with your Alternate Form)