INFRASTRUCTURAL FACILITIES/OTHER PROVISIONS OF KITCHEN: Max. Marks

Name of the SHG : 
Address of SHG : 
Address of the kitchen : 
No. of AWCs catered by the SHG : 
Name of the ICDS Project : 
Name of the concerned MNPO : 

A) Marks for decentralized Kitchen for SHG: No. of Kitchen ______ x 10 
No. of SHGs catered to 10

B) Kitchens setup in: (select any one) 
   i) Separate Pucca Building (5)   ii) Kitchen in Housing unit (3)   iii) Sheds (2)

C) Hygienic condition of the Kitchen: 15

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Item/activity</th>
<th>Maximum No.</th>
<th>No. Given</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proper drainage facility</td>
<td>2</td>
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<td>2.</td>
<td>Proper and safe disposal of waste material</td>
<td>2</td>
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<td>3.</td>
<td>Cleanliness of surrounding area of kitchen</td>
<td>2</td>
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<td>4.</td>
<td>Cleanliness with in the kitchen</td>
<td>2</td>
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<td>5.</td>
<td>Installation and working condition of Exhaust Fan/duct/chimney in the kitchen</td>
<td>2</td>
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<td>6.</td>
<td>7 feet Walls of kitchen covered with</td>
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<tr>
<td></td>
<td>(i) white tiles</td>
<td>2</td>
<td></td>
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<td></td>
<td>(ii) Washable Paint</td>
<td>1</td>
<td></td>
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<td>7.</td>
<td>Storage area of ingredients kept free from rodents and pests</td>
<td>2</td>
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Total

D) Floor of kitchen covered by (select any one) 5
   i) Kota stone (5)   ii) Tiles etc.   iii) Cemented floor (3)   iv) Floor uneven and not maintained (0)

E) Regular fumigation and pesticides done on- (Select any one) 5
   i) Monthly basis (5)   ii) Quarterly basis (3)   iii) Half yearly basis (2)

Last fumigation done on dated __________________________ Whether Records are maintained ______________________________

F) Sources of water used for cooking and drinking: (Select any one) 5
   i) RO/Filtration (5)   ii) DJB Supply (3)   iii) Tanker Supply (2)   iii) Ground Water (0)

G) Transportation of cooked food to AWC from centralized kitchen: 10
   i) Whether food grade steel containers with paper seals are used for supply of cooked food? Yes (2) No (0)

H) Average distance of kitchen from AWC- (select any one)
   a) Less than 500m (5)   b) Between 500m to 1 Km (3)   c) Above 1 Km (2)   d) Above 2 Km (1)

I) Whether quality and quantity of cooked food is ensured before the distribution? 20
   i) Whether AW Centre wise distribution register are being maintained at the kitchen 5
   ii) Whether item (ingredients) wise proper stock register are maintained daily at the kitchen 5
   iii) Whether AWC wise identification on paper seal is being made for distribution of food 5
   iv) Whether Fortnightly food samples are taken regularly for testing and such records are maintained 5
J) Assessment of SHG Members –

I  Awareness of the SHG members managing kitchen regarding - 5
   i) Location of Anganwadi Centres (2)
   ii) No. of ICDS beneficiaries (1)
   iii) General awareness of menu/recipe (1)
   iv) Health Awareness (1)

II  Medical Checkup of SHG Members managing kitchen being done (Select any one) 5
   i) Half yearly basis (5)
   ii) Annually (2)
   iii) Irregular (1)
   iv) Not done (0)

   Last Medical checkup of SHG members done on dated ____________________________

III  Devolution of financial authority to the SHG- 5
   i) Bank Account being maintained by SHG (1)
   ii) Bank A/c with signing authority given to SHG member (3)
   iii) Whether they have any access any credit as a Self Help Group (1)

K) Number of samples collected for testing from this kitchen during the past one month. 5
   a) Name of the testing agency:
   b) Findings of the report: No. of OK Samples x 5
   c) No. of total Samples tested

L) Existence of Feedback Mechanism and action taken thereon 5
   Feedback of beneficiaries being taken about the cooked food Yes (5) No (0)

M) Name and Designation of person monitoring the kitchen from MNPO:

N) Whether the kitchen is visited by Sr. functionaries of MNPO other than regular staff, if yes the details of last such visit with name and designation of visitor from MNPO.

O) Comments/Remarks, if any-

Total Marks obtained out of 100-

Name of the Visiting Officer:

Designation

Signature:

Date: