UNANNOUNCED SPOT-CHECK OF CASHIER

INSTRUCTIONS

Unannounced spot-check of cashier functions, including verification of cash count and change funds, is required monthly at each installation dining facility for each cashier. This control measure is established to ensure compliance with identification procedures, headcount record and cash controls.

OBSERVER: Prepare one copy. Note discrepancies in REMARKS section. At end of spot-check, discuss with Dining Facility Manager and forward to the Food Service Officer or Food Service Section Chief for review.

FOOD SERVICE OFFICER/FOOD SERVICE SECTION CHIEF: Review the spot-check report, sign, and forward to COR (contract operations) and/or accountant (mess attendant operations) for corrective actions.

DINING FACILITY	MEAL		DATE OF SPOT CHECK		
	KEY PERSONNEL	CONTACTED			
NAME	GRADE	NAME	GR		DE
				YES	NO
DETERMINATION OF COMPLIANCE Use DAF Form 1305 to account for issued change fund and money received during meal period (if					NO
		ection form once complete.			
1. Previous spot-check reports are on file in the Food Service Office. Action was taken for any noncompliance.					
2. Cashiers are following correct point of sale procedures (banking in, banking out, ESM verification, Credit Card).					
 Up-to-date and written instructions are available to the cashier which cover: identification, cash collection, meal rates, common service, cross service, transient procedures, and receipt of customer comments. 					
4. Cashiers are familiar with identification, reimbursement, headcount, and anti-robbery procedures.					
5. Prices are posted and accessible to customers.					
6. Cashier(s) are on duty at prescribed stations for the complete meal period (if applicable).					
7. Actual cash collections equal the amount of the register receipt.					
8. AF Form 79, Headcount Record (Storage Safeguard) are properly completed.					
REMARKS (Each item checked NO requires explanation. Use reverse if necessary.)					
NAME AND GRADE OF OBSERVER/COR	SIGNATURE		DATE		
FOOD SERVICE OFFICER/FOOD SERVICE SECTION CHIEF SIGNATURE			DATE		