様式第５号

特定給食施設等栄養管理報告書（社会福祉・介護老人保健・老人福祉施設用）

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　年　　　月　　　日

　山梨県　　　　　保健所長　殿

|  |  |
| --- | --- |
| 施設の名称 |  |
| 所　在　地 |  |
| 管　理　者 | （職名）　　　　　（氏名）　　　　　　　　　　　　　印 |

　栄養管理状況について次により報告します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施設種別 | | | 1.社会福祉施設 2.介護老人保健施設 3.老人福祉施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 健康増進法第21条第1項による指定 | | | | | | | | | | | | | | | | | | | | | 1.有　2.無 | | |
| 栄養管理部門の理念・方針・目標 | | | | | | | | | | | | | | | | | 1.有　　具体的に記述  2.無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 組 織  （栄養管理・給食部門の位置付け） | | | | | | | | | | | | | | | | | 部 門 | | | | | | | | | | 1.栄養部　2.診療部　3.事務部　 4.その他（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者 | | | | | | | （職名）　　　　　　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | | | FAX | | | | | | | | | | | | | | | | |
| 組織図 | | | | | | | | | | 1.有 2.無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 栄養管理等について検討する  会議  1.有　　　 2.無 | | | | | | | | | | | | | | | | | 【実施回数】（　　　　　　　）回／年  【構　　成】1.管理者　2.給食担当者　3.管理栄養士　4.栄養士  5.調理師又は調理員　6.利用者　7.介護担当者  8.受託業者スタッフ　9.その他（　　　　）　 合計　　　　　人  【目 　的】1.給食及び栄養管理に関する課題及び問題の検討  　　　　　 2.管理者､他部門等との情報交換及び連携の場  3.苦情の処理　　4.献立の検討　　5.その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 運営方式 | | | | | | | | | | | | 1.直営  2.委託 | | | | | 委託先 | | | 名 称 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者氏名 | | | | | | | | | | | | | | | | | | | | （職名）　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設担当責任者氏名 | | | | | | | | | | | | | | | | | | | | （職名）　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | | | | | （　　　　　）　　　　　内線 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【委託内容】1.献立作成　2.材料購入　3.調理　4.配膳 5.下膳　6.食器洗浄  　　 7.施設外調理 8.栄養指導　9.その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従事者（管理栄養士がいる施設にあっては管理栄養士、栄養士のみがいる施設にあっては栄養士１名の氏名及び登録番号を記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 従事者数（人） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理栄養士又は栄養士の氏名 | | | | | | | | | | 免許の種類及び番号 | | | | | | | | | | | | | | | | 勤務形態 | | | | | | | | | 管理  栄養士 | | | | | | 栄養士 | | | 調理師 | | | 調理員 | | | | | | | | 給食  事務 | | その他 | | | | | 合計 |
|
|  | | | | | | | | | | 1.管理栄養士  （第　　 号）  2.栄　養　士　（第　　　号） | | | | | | | | | | | | | | | | 1.専任  2.兼任 | | | | | | | | | 施設側 | 常　勤 | | | | |  | | | | | |  | | |  | | |  | | | | | | | |  | |  | | | | |  |
| 非常勤 | | | | |  | | | | | |  | | |  | | |  | | | | | | | |  | |  | | | | |  |
| 受託側 | 常　勤 | | | | |  | | | | | |  | | |  | | |  | | | | | | | |  | |  | | | | |  |
| 非常勤 | | | | |  | | | | | |  | | |  | | |  | | | | | | | |  | |  | | | | |  |
| 従事者の研修会  1.有　　　　2.無 | | | | | | | | | | | | | | | 【実施回数】（　　　　／年）回　※従事者１人当たりの平均参加回数（　　 ）回  主な研修内容：（　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食　数（1日当たり平均食数） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 定員 | | | | | 朝食 | | | | | | | | | | | | | | 昼食 | | | | | | | | | 夕食 | | | | | | | | | | その他（　　） | | | | | | | | 合 計 | | | | | | | | 備 考 | | | |
| 入 所 者 | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| デイサービス | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| 配食サービス | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| そ の 他 | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| 合 　　 計 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| 対象者（利用者）の把握  　　1.有　　　2.無  （　　　年　　月現在） | | | | | | | | | | | | | 身体活動レベル | | | | | | | | 性別 | | | | | | | | ～　歳(人) | | | | | | | | | | ～　歳(人) | | | | | | | | | | ～　歳(人) | | | | | | | ～　歳(人) | | | | | | | | | 合 計 | | | |
| 低　い | | | | | | | | 男 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| 女 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| ふつう | | | | | | | | 男 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| 女 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| 高　い | | | | | | | | 男 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| 女 | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | |
| 合計 | | | | | | | | | | | | | | | | 人 | | | | | | | | | | 人 | | | | | | | | | | 人 | | | | | | | 人 | | | | | | | | | 人 | | | |
| 身体状況の把握  (裏) | | | | | | 【身長の把握】 | | | | | | | | | | | | | | | | | | | 1.有　　　2.無 | | | | | | | | | | | | | | | | | | 【体重の把握】 | | | | | | | | | | | | | | | | 1.有　　　2.無 | | | | | | | | | | |
| 【体格指数（BMI）】　体重（ｋｇ）÷身長（ｍ）２ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25以上（肥満）　　％・18.5未満（やせ）　　％ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【疾病状況】1.脂質異常症（　　　％）2.高血圧症（　　　％）3.糖尿病（　　　％）  4.貧血（　　　％）5.低アルブミン血症（　 　％）6.その他（　　　：　　％） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 栄養補給法 | | | | | | 1.経口栄養法 | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | 約束食事箋 | | | | | | | | | | 1.有　　　　　2.無 | | | | | | | | | | | | | | | | | | |
| 2.経腸栄養法 | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | 1.病態別 　　 2.成分栄養別 | | | | | | | | | | | | | | | | | | |
| 食 種 | | | | | | 1.常　食 | | | | | | | | | | | | | | | | | | 食 | | | | | | | | | | | | | 介護報酬等  の各種算定  （障害福祉施設、  介護保険施設） | | | | | | | 1.栄養マネジメント加算 | | | | | | | | | | | | | | | | 5.低栄養リスク改善加算 | | | | | | | | | |
| 2.軟　食 | | | | | | | | | | | | | | | | | | 食 | | | | | | | | | | | | | 2.療養食加算 | | | | | | | | | | | | | | | | 6.再入所時栄養連携加算 | | | | | | | | | |
| 3.流動食 | | | | | | | | | | | | | | | | | | 食 | | | | | | | | | | | | | 3.経口移行加算 | | | | | | | | | | | | | | | | 7.栄養改善加算（通所） | | | | | | | | | |
| 4.その他  （　　　　　）  （　　　　　） | | | | | | | | | | | | | | | | | | 食  食 | | | | | | | | | | | | | 4.経口維持加算Ⅰ･Ⅱ | | | | | | | | | | | | | | | | 8.栄養スクリーニング加算（通所） | | | | | | | | | |
| 摂取量の調査  1.有　　2.無 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【実施回数】（　　　　　　　）回／日・週・月・年  【方　　法】　1.残菜の調査　　2.その他（　　　　　　　　　）  【対　　象】1.全量　　　　2.料理別（皿）　　　3.個別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | 1.有（　　　種類）2.無 | | | |
| 給食量の調整 | | | | | | | 主食の量 | | | | | | | | | | | 1．有（　種類） 2．無 | | | | | | | | | | | | | | | | | | | | | | | | 副食（主菜・副菜）の量 | | | | | | | | | | | | | | | | 1.有（　　　種類）2.無 | | | | | | | | | | |
| 平均提供食品量・平均栄養量　1人1日　[1.3食　2．1食（朝食 　昼食 　夕食）][おやつ含む　含まない]　当たり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | 栄養素名 | | 目標栄養量 | |
| 平  均  提  供  食  品  量 | 食 品 群 | | | | | | | | | | | | | 量 | | | | | | | |  | | | | | | 栄養素名 | | | | | | | | | | | | | | | | | | | | 目標栄養量 | | | | | | | 提供栄養量 | | | | | | | | | 推定摂取量 | | | | |
| 穀  類 | ごはん(1食平均量) | | | | | | | | | | | | ｇ | | | | | | | | 平  均  栄  養  量 | | | | | | エネルギー (kcal) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| パン　(1食平均量) | | | | | | | | | | | | ｇ | | | | | | | | たんぱく質　 　 　 (g) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 麺　　(1食平均量) | | | | | | | | | | | | ｇ | | | | | | | | 脂質　　　 　 　(g) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| いも及びでんぷん類 | | | | | | | | | | | | | ｇ | | | | | | | | カルシウム　 　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 砂糖及び甘味類 | | | | | | | | | | | | | ｇ | | | | | | | | 鉄　　　　　　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 豆 　　類 | | | | | | | | | | | | | ｇ | | | | | | | | ビタミンＡ(ﾚﾁﾉｰﾙ当量)　(μg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 野菜類 | 緑黄色野菜 | | | | | | | | | | | | ｇ | | | | | | | | ビタミンＢ1　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| その他の野菜 | | | | | | | | | | | | ｇ | | | | | | | | ビタミンＢ2　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 野菜漬物類 | | | | | | | | | | | | ｇ | | | | | | | | ビタミンＣ(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 果　　実　　類 | | | | | | | | | | | | | ｇ | | | | | | | | 食物繊維　 　　(ｇ) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 藻　　　　　類 | | | | | | | | | | | | | ｇ | | | | | | | | 食塩相当量　　　(ｇ) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 魚　　介　　類 | | | | | | | | | | | | | ｇ | | | | | | | | 炭水化物エネルギー比 （％） | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 肉　　　　　類 | | | | | | | | | | | | | ｇ | | | | | | | | たんぱく質エネルギー比　　 （％） | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 卵　　　　　類 | | | | | | | | | | | | | ｇ | | | | | | | | 脂質エネルギー比　　　 （％ | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 乳　　 　類 | | | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 油　 脂　　類 | | | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 菓 　子 　 類 | | | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| 調理加工食品名 | | | | | | | | | | | | | | | | | | | | | | ＊の欄は、記載されている項目以外で算出している栄養素があれば記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食材料費 | | | | | | | | 1人（　1食 ・ 2食 ・ 1日　）当たり　（　　　　　　　　　）　円／　 年 平 均 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 作業指示書  1.有　　2.無 | | | | | | | | 1.献立名 2.材料名 3.純使用量（１人分）　4.純使用量（食数分）  5.作業指示のポイント 6.その他（　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | 在宅者 | | | | 【栄養教育の内容】 | |
| 栄養教育  1.有  2.無 | | | |  | 入所者 | | | | | | | | | 通所者 | | | | | 人 | | | | | | | | | | | | 【栄養教育の内容】 | | | | | | | | | | | | | | | 給食日誌 | | | | | | | | 1有　2無 | | | | | | | | 検食簿 | | | | | 1有　2無 | | |
| 個別指導 | 人 | | | | | | | | | 人 | | | | |  | | | | | | | | | | | | 栄養成分表示  1.有 2.無 | | | | | | | | 1.エネルギー　2.たんぱく質  3.脂質　4.食塩相当量  5.その他（　　 　　） | | | | | | | | | | | | | | | |
| 集団指導 | 回　 　　　　　　人 | | | | | | | | | 回  人 | | | | |  | | | | | | | | | | | |
| テーマ献立の導入  1有 　2無 | | | | | | | | | 1.疾病に配慮した献立  2.行事食  3.その他(　　 　) | | | | | | | | | | | | | | | | | | | | | | | | 嗜好調査  の実施  1.有  2.無 | | | | | 【実施回数】（　　　）回／年  【内　　容】  【方　　法】1．アンケート　　2．聴き取り  【対　　象】1．全員　2．一部（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 報告担当者 | | | | | | | | | 部門名　　　　　　　　　　　職名　　　　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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備考　それぞれ該当するところに○印、数字等を記入してください。