

Thu **11** November

Veterans Day

OCTOBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
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NOVEMBER						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
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TODAY IN HISTORY

1918 Armistice Day-WW I ends (at 11 AM on Western Front)

FOOD SAFETY TIP

Storage - Use batch preparation for protection. Work one item in small batches. When it is finished, put it away.

GUEST SERVICE TIP

If you run out of an item, offer a related selection including a detailed description of that item.

TOMORROW'S SCHEDULE CHECKED FOR CHANGES/OPPORTUNITIES

SHIFT AT A GLANCE
High Level Overview Of What Happened Today

Initials

SHIFT	AM	<input type="checkbox"/> THUMBS UP <input type="checkbox"/> THUMBS DOWN	PM	<input type="checkbox"/> THUMBS UP <input type="checkbox"/> THUMBS DOWN	AM FOOD	AM SVC BAR	DAY TOTAL
	COOK TIMES	:	:	AM BAR FOOD	AM BAR	WTD TOTAL	
WEATHER				PM FOOD	PM SVC BAR	MTD TOTAL	
				PM BAR FOOD	PM BAR	AM GUEST #	
				FOOD TOTAL	BAR TOTAL	PM GUEST #	

TEMP CHECK	AM	FREEZER 1	FREEZER 2	FREEZER 3	WALKIN 1	WALKIN 2	WALKIN 3	WALKIN 4	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	BAR 1
	PM	0	0	0	0	0	0	0	0	0	0	0	0	0

REPAIR & MAINTENANCE
Repairs, Scheduled Maintenance, Parts Ordered, etc

Initials

ITEM	REPAIR COMPANY
DESCRIPTION and RESULT	
ITEM	REPAIR COMPANY
DESCRIPTION and RESULT	

MANAGER LOG
COMBO FORMAT
2 PAGES PER DAY
8.5" x 11"

COMPLETED

COMPLETED

FOOD / BEV / SUPPLY
To Be Ordered, 86 Items, Vendor Issues, etc

Initials

ITEM	SUPPLIER	PHONE #	CONTACTED?	COMPLETED
DESCRIPTION and RESULT			YES NO	<input type="checkbox"/>
ITEM	SUPPLIER	PHONE #	CONTACTED?	COMPLETED
DESCRIPTION and RESULT			YES NO	<input type="checkbox"/>

INJURY / ACCIDENT
Workers Comp, Guest Incidents, Insurance Issues, etc

Initials

NAME	TYPE	PHONE #	MEDICAL ATTENTION NEEDED?	INSURANCE CONTACTED?
DESCRIPTION and RESULT	EMPLOYEE CUSTOMER		YES NO	<input type="checkbox"/>

LOST / FOUND
Items Lost, Items Turned In, etc

Initials

ITEM DESCRIPTION

CLAIMED
YES NO

Initials

Initials input boxes

EMPLOYEE ISSUES
Positive or Negative Performance Issues, etc



NAME	DESCRIPTION		
POSITION	DATE	HOW RESOLVED	
NAME	DESCRIPTION		
POSITION	DATE	HOW RESOLVED	

**MANAGER LOG
COMBO FORMAT**
2 PAGES PER DAY
8.5" x 11"

NAME
NAME

Initials

SCHEDULED INTERVIEWS
1st or 2nd Interviews, etc

NAME	INTERVIEW TYPE	INTERVIEWING MANAGER
BOH		
NAME	INTERVIEW TYPE	INTERVIEWING MANAGER
BOH		

Initials

VOICEMAIL / EMAIL / MEMO
Corp Communications, Policy Changes, etc



FROM	DESCRIPTION	GM	KM	SVC	BAR	MG 1	MG 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials

ORDERS
To Be Placed, To Be Delivered, etc.



VENDOR	COMPLETED	VENDOR	COMPLETED	VENDOR	COMPLETED	VENDOR	COMPLETED
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Initials

SHIFT NOTES
Shift Highlights, Shift Overview, etc



Today's Quote

Weakness of character is the only defect which cannot be amended. Rochefoucauld

Horizontal lines for notes