

Tue

1

January

New Year's Day

DECEMBER						
S	M	T	W	T	F	S
						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	31					

JANUARY 2013						
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	31		

FEBRUARY						
S	M	T	W	T	F	S
						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		

SHIFT AT A GLANCE
High Level Overview Of What Happened Today

Initials Initials Initials Initials Initials

SHIFT

AM	AM
THUMBS UP THUMBS DOWN	THUMBS UP THUMBS DOWN

WEATHER

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TEMP

COOLER 1	COOLER 2	COOLER 1	COOLER 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECK

COOLER 3	COOLER 4	COOLER 3	COOLER 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SALES

AM BEV SALES

AM FOOD SALES

PM BEV SALES

PM FOOD SALES

TOTAL SALES

STAFFING

BARTENDER 1 TIME IN

BARTENDER 2 TIME IN

BARTENDER 2 TIME IN

BARTENDER 4 TIME IN

BARTENDER 5 TIME IN

STAFFING

BARTENDER 6 TIME IN

BARTENDER 7 TIME IN

BARTENDER 8 TIME IN

BARTENDER 9 TIME IN

BARTENDER 10 TIME IN

LEGAL DRINKING AGE BIRTHDATE

Jan 1, 1992

TOMORROW'S SCHEDULE CHECKED FOR CHANGES/OPPORTUNITIES

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

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ITEM	REPAIR COMPANY	PHONE #	CONTACTED?	COMPLETED
DESCRIPTION			YES NO	<input type="checkbox"/>

LIQ / BEER / WINE / SUPPLY
To Be Ordered, 86 Items, Vendor Issues, etc

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

COMMLOG BAR LOG
8.5" X 11"

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ORDERS
To Be Placed, To Be Delivered, etc.

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

86 ITEMS
Ran out of, spoiled, etc

Initials Initials Initials Initials Initials

TIME	REASON	NOTES
<input type="text"/>	<input type="checkbox"/> RAN OUT <input type="checkbox"/> SPOILED <input type="checkbox"/> OTHER	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> RAN OUT <input type="checkbox"/> SPOILED <input type="checkbox"/> OTHER	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> RAN OUT <input type="checkbox"/> SPOILED <input type="checkbox"/> OTHER	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> RAN OUT <input type="checkbox"/> SPOILED <input type="checkbox"/> OTHER	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> RAN OUT <input type="checkbox"/> SPOILED <input type="checkbox"/> OTHER	<input type="text"/>

SANITATION / SAFETY
Issues identified, resolutions needed, etc.

Initials Initials Initials Initials Initials

ISSUE	RESOLUTION

