

DECEMBER							JANUARY 2013							FEBRUARY							
S	M	T	W	T	F	S	Su	Mo	Tu	We	Th	Fr	Sa	S	M	T	W	T	F	S	
						1			1	2	3	4	5							1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28			
30	31																				

SHIFT AT A GLANCE
High Level Overview Of What Happened Today

Initials Initials Initials Initials Initials

	AM	PM
SHIFT	 THUMBS UP THUMBS DOWN	 THUMBS UP THUMBS DOWN
COOK TIMES	:	:
WEATHER		

OPEN CHEF
MID CHEF
PM CHEF

AM COVER COUNT
PM COVER COUNT
TOTAL COVER COUNT

AM FOOD \$
PM FOOD \$
TOTAL FOOD \$

FOOD SAFETY TIP
Store - For best quality, store frozen raw ground meats no longer than 3 to 4 months; cooked meats, 2 to 3 months.

TOMORROW'S SCHEDULE CHECKED FOR CHANGES/OPPORTUNITIES

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
		0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0

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

Initials Initials Initials Initials Initials

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

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

COMMLOG KITCHEN LOG
8.5" X 14"

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

Initials Initials Initials

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

ORDERS
To Be Placed, To Be Delivered, etc.

Initials Initials Initials Initials Initials

VENDOR	COMPLETED	VENDOR	COMPLETED	VENDOR	COMPLETED	VENDOR	COMPLETED
	<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"/>

86 ITEMS
Ran out of, spoiled, etc

Initials Initials Initials Initials Initials

TIME	RAN OUT	SPOILED	OTHER
	<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"/>

SANITATION / SAFETY
Issues identified, resolutions needed, etc.

Initials Initials Initials Initials Initials

Initials Initials Initials Initials Initials

EMPLOYEE ISSUES ☺☹
Positive or Negative Performance Issues, etc

NAME	DESCRIPTION
POSITION	DATE HOW RESOLVED

NAME	DESCRIPTION
POSITION	DATE HOW RESOLVED

Initials Initials Initials Initials Initials

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

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

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

Initials Initials Initials Initials Initials

SCHEDULED INTERVIEWS 👍👎
1st or 2nd Interviews, etc

NAME	TIME	CIRCLE ONE	INTERVIEW TYPE	INTERVIEWING MANAGER
		FOH BOH		

NAME	TIME	INTERVIEW TYPE	INTERVIEWING MANAGER
		FOH BOH	

NAME	TIME	INTERVIEW TYPE	INTERVIEWING MANAGER
		FOH BOH	

Initials Initials Initials Initials Initials

TRAINING 👂
Trainer, Trainee, assignment, etc

NAME	TIME	POSITION	TRAINER	NOTES

NAME	TIME	POSITION	TRAINER	NOTES

NAME	TIME	POSITION	TRAINER	NOTES

Initials Initials Initials Initials Initials

SHIFT NOTES 📝
Shift Highlights, Shift Overview, etc

NAME	DESCRIPTION

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8.5" X 14"

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