

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	

TODAY IN HISTORY
1995 Last "Far Side" by cartoonist Gary Larson (started 1980)

TOMORROW'S SCHEDULE CHECKED
FOR CHANGES/OPPORTUNITIES

SHIFT AT A GLANCE
High Level Overview Of What Happened Today

Initials Initials Initials Initials Initials

SHIFT	AM	THUMBS UP	THUMBS DOWN	AM FOOD	AM SVC BAR	DAY TOTAL	
	PM	THUMBS UP	THUMBS DOWN	AM BAR FOOD	AM BAR		WTD TOTAL
	WEATHER	f	d d	PM FOOD	PM SVC BAR		MID TOTAL
	COOK TIMES	e	T	PM BAR FOOD	PM BAR		AM GUEST #
	LEGAL DRINKING AGE BIRTHDATE	Jan 1, 1992		FOOD TOTAL	BAR TOTAL	PM GUEST #	

TEMP CHECK	AM	FREEZER 1	FREEZER 2	WALKIN 1	WALKIN 2	WALKIN 3	WALKIN 4	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	BAR 1	BAR 2
	PM	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
			YES NO	<input type="checkbox"/>
DESCRIPTION and RESULT				

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

**COMMLOG MANAGER LOG
COMBO FORMAT
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
			YES NO	<input type="checkbox"/>
DESCRIPTION and RESULT				

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

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.

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

Initials Initials Initials Initials Initials

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"/>
		<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"/>

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

Initials Initials Initials Initials Initials

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

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

LOST / FOUND
Items Lost, Items Turned In, etc

Initials Initials Initials Initials Initials

ITEM DESCRIPTION	CLAIMED
	YES NO
ITEM DESCRIPTION	CLAIMED
	YES NO

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 _____

NAME _____ DESCRIPTION _____

POSITION _____ DATE _____ HOW RESOLVED _____

GUEST SERVICE TIP

Understanding what items to suggest and pair with an entree complements the entire meal.

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 _____

NAME _____ TIME _____ INTERVIEW TYPE INTERVIEWING MANAGER

FOH BOH _____

Initials Initials Initials Initials Initials

ORDERS
To Be Placed, To Be Delivered, etc.

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

Initials Initials Initials Initials Initials

SHIFT NOTES
Shift Highlights, Shift Overview, etc

COMMLOG MANAGER LOG COMBO FORMAT 8.5" X 14"

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TODAY'S QUOTE

Anger is seldom without an argument but seldom with a good one. Lord Halifax
