

Sat

4

July

Independence Day

JUNE

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				

JULY 2020

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	

AUGUST

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					

Tomorrow's schedule checked for changes/opportunities/needs



SHIFT AT A GLANCE

High Level Overview Of What Happened Today

Initials boxes for various categories

DELIVERY		TO GO		TOTAL		SHIFT SYNOPSIS	
# OF ORDERS	\$ SALES	# OF ORDERS	\$ SALES	# OF ORDERS	\$ SALES	OPEN MANAGER	THUMBS UP / THUMBS DOWN
AM		AM		AM		MID MANAGER	THUMBS UP / THUMBS DOWN
PM		PM		PM		CLOSE MANAGER	THUMBS UP / THUMBS DOWN



DELIVERY/TO GO ISSUES

Delivery, pickup, curbside, driver notes, etc

Initials boxes for delivery issues

CUSTOMER NAME	PHONE #	ORDER #	EMAIL	MGR INITIALS
NOTES	()			
CUSTOMER NAME	PHONE #	ORDER #	EMAIL	MGR INITIALS
NOTES	()			
CUSTOMER NAME	PHONE #	ORDER #	EMAIL	MGR INITIALS
NOTES	()			
CUSTOMER NAME	PHONE #	ORDER #	EMAIL	MGR INITIALS
NOTES	()			

COMMLOG DELIVERY / TO GO LOG 8.5" X 11"

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CUSTOMER CALLBACKS

Make it a habit to call customers & get feedback on order

Initials box

CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES
CUSTOMER NAME	PHONE #	NOTES



FOOD / BEV / SUPPLIES

To Be Ordered, 86 Items, Vendor Issues, etc

Initials boxes for food/bev/supplies

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



86 ITEMS

Ran out of, spoiled, etc

Initials boxes for 86 items

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

Initials Initials Initials Initials Initials

EMPLOYEE ISSUES 
Positive or Negative Performance Issues, etc


NAME	DESCRIPTION
POSITION	DATE HOW RESOLVED

Initials Initials Initials Initials Initials

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

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

Initials Initials Initials Initials Initials

SANITATION / SAFETY 
Issues identified, resolutions needed, etc.

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

Initials Initials Initials Initials Initials

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

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

Initials Initials Initials Initials Initials

SHIFT NOTES 
Shift Highlights, Shift Overview, etc

**COMMLOG
DELIVERY / TO GO LOG
8.5" X 11"**

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