

THE GRAVITY SYSTEM

ELITE DAILY CONTROL FORMS

Nine practical forms for service readiness, manager continuity, food-cost control, training, verification, and facility follow-through.

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THOMAS MONROE BOOKS

RESTAURANT PRE-SHIFT CHECKLIST BY STATION

FORM ID	GRV-OPS-PS-01	FREQUENCY	Each opening and closing daypart
PRIMARY OWNER	MOD / Station Leads	RELATED SYSTEM	Daily Operations & Shift Control

PURPOSE: Verify readiness before service and leave each station ready for the next daypart.

DATE: _____ DAYPART: _____ MOD: _____ EXPECTED VOLUME / EVENT: _____

STATION	OPENING READY / LEAD INITIALS	EXCEPTION, CONTROL & OWNER	CLOSING VERIFIED / MOD INITIALS

Stations: Host / Door; Servers; Bussers; Bar / Service Bar; Main Line; Prep; Expo / Window; Pizza; Salad; Dish Pit.

86S, STAFFING CHANGES, EQUIPMENT RISKS, GUEST COMMITMENTS, AND NEXT-SHIFT HANDOFF

RESTAURANT DAILY PREP SHEET & PAR LIST

FORM ID	GRV-PREP-PAR-01	FREQUENCY	Each prep cycle / daypart
PRIMARY OWNER	Prep Lead / MOD	RELATED SYSTEM	Food Cost, Waste & Inventory Control

PURPOSE: Translate expected demand and product on hand into assigned, timed, verified prep work.

DATE: _____ DAYPART: _____ SALES FORECAST: _____ PREP LEAD: _____

PRODUCT / RECIPE	UNIT	PAR	ON HAND	PREP NEEDED	OWNER / DUE	COMPLETE / VERIFY
SHORTAGE, QUALITY ISSUE, INCOMPLETE PREP, IMMEDIATE CONTROL, OWNER, AND FOLLOW-UP						

MANAGER LOG & SHIFT HANDOFF

FORM ID	GRV-MGR-LOG-01	FREQUENCY	Every management shift
PRIMARY OWNER	MOD / Incoming Manager	RELATED SYSTEM	Daily Operations & Shift Control

PURPOSE: Preserve material facts, decisions, commitments, ownership, and next-shift needs.

DATE: _____ DAYPART: _____ OUTGOING MOD: _____ INCOMING MANAGER: _____

WHAT HAPPENED / EVIDENCE	DECISION OR IMMEDIATE CONTROL	OWNER	DUE / NEXT SHIFT	VERIFIED

INCOMING MANAGER REVIEW, QUESTIONS, AND INITIALS

WASTE / SPILL / COMP / REMAKE LOG

FORM ID	GRV-FC-WST-01	FREQUENCY	At each occurrence; review daily and weekly
PRIMARY OWNER	Station Lead / MOD	RELATED SYSTEM	Food Cost, Waste & Inventory Control

PURPOSE: Capture daily losses and the cause behind them so repeatable problems can be corrected.

DATE: _____ LOCATION: _____ MOD: _____

TIME / STATION	ITEM / AMOUNT	TYPE	EST. VALUE	CAUSE / EVIDENCE	IMMEDIATE CORRECTION	OWNER

WEEKLY PATTERN, CORRECTIVE ACTION, VERIFIER, AND REVIEW DATE

FOOD INVENTORY COUNT & PAR WORKSHEET

FORM ID	GRV-INV-PAR-01	FREQUENCY	Per count schedule
PRIMARY OWNER	Inventory Lead / MOD	RELATED SYSTEM	Food Cost, Waste & Inventory Control

PURPOSE: Control cash and product availability through consistent units, deliberate pars, and reviewed variance.

DATE: _____ AREA: _____ COUNT POINT: _____ COUNTER: _____ REVIEWER: _____

[illegible]

EMPLOYEE TRAINING SIGN-OFF CHECKLIST

FORM ID	GRV-TRN-SO-01	FREQUENCY	Per task / station certification
PRIMARY OWNER	Certified Trainer / Manager	RELATED SYSTEM	Employee Training & Development

PURPOSE: Document demonstration, practice, observation, certification, and planned recheck.

EMPLOYEE: _____ STATION: _____ TRAINER: _____ START
DATE: _____

TASK / STANDARD	DEMONSTRATED	PRACTICED	OBSERVED TO STANDARD	CERTIFIED BY / DATE	RECHECK

TRAINING GAP, ADDITIONAL PRACTICE, OWNER, DUE DATE, AND MANAGER APPROVAL

CORRECTIVE-ACTION RECORD

FORM ID	GRV-IV-CAR-01	FREQUENCY	Per material exception
PRIMARY OWNER	Assigned Action Owner / Verifier	RELATED SYSTEM	Implementation & Verification

PURPOSE: Keep a material action open until evidence confirms that the correction worked.

RECORD ID: _____ DATE OPENED: _____ SOURCE / RELATED RECORD: _____

STATUS: ☐ OPEN ☐ IN PROGRESS ☐ VERIFIED CLOSED ☐ REOPENED

1. ISSUE AND EXPECTED STANDARD

2. EVIDENCE AND OPERATIONAL IMPACT

3. IMMEDIATE CONTAINMENT / CONTROL

4. ROOT CAUSE OR CONDITION TO CORRECT

5. CORRECTIVE ACTION

6. OWNER AND DUE DATE

7. VERIFICATION EVIDENCE, VERIFIER, DATE, AND CLOSURE DECISION

EQUIPMENT MAINTENANCE LOG

FORM ID	GRV-RC-MNT-01	FREQUENCY	At report; review each shift until closed
PRIMARY OWNER	MOD / Facilities Owner	RELATED SYSTEM	Risk, Continuity & Emergency Readiness

PURPOSE: Track equipment failure through safe temporary control, repair, return to service, and verification.

LOCATION: _____ PERIOD: _____ RESPONSIBLE MANAGER: _____

DATE / EQUIPMENT	PROBLEM & SERVICE IMPACT	TEMPORARY SAFE CONTROL	VENDOR / REPORTED TO	REPAIR STATUS / COST	VERIFIED WORKING

OPEN ITEMS TRANSFERRED TO MANAGER LOG / NEXT REVIEW

