

THE GRAVITY SYSTEM | GRV-FM
THE GRAVITY RESTAURANT LEADERSHIP SYSTEM

The Gravity Facilities & Maintenance System

A complete operating system for equipment readiness, facility care, repair control, preventive maintenance, service vendors, downtime, capital planning, and management verification.

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GRV-FM01-GRV-FM30 | Release 1.1 | Founding Year Free Access

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How to Use These Forms

- Use one form per controlled event, review, or decision. Start with one real facilities/maintenance pressure point, one accountable owner, and only 3–5 GRV-FM tools. Do not require all 30 tools at once.
- Complete the owner, date, source, decision, next action, and verification fields.
- Keep completed forms in the approved evidence folder.
- Do not use these forms to bypass qualified legal, safety, food-code, payroll, HR, engineering, accounting, or professional review.

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GRV-FM01 | Facility Asset Register

Owner: Facilities Owner **Frequency:** At setup; quarterly

Purpose: Creates one controlled list of critical building, equipment, utility, and service assets.

Field	Entry
Restaurant / location	
Asset ID	
Asset / equipment	
Area / department	
Asset class	
Make / model / serial	
Install / acquisition date	
Criticality	
Condition	
Warranty / contract reference	
Responsible owner	
Next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM02 | Equipment Criticality & Risk Ranking

Owner: GM / Facilities Owner **Frequency:** Quarterly

Purpose: Ranks assets by service impact, safety dependency, downtime cost, food loss risk, and replacement urgency.

Field	Entry
Restaurant / location	
Asset ID	
Asset / equipment	
Service impact	
Safety dependency	
Food-loss exposure	
Downtime cost exposure	
Parts / service availability	
Current condition	
Risk level	
Priority decision	
Next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM03 | Facility Responsibility Map

Owner: Owner / GM **Frequency:** At setup; on change

Purpose: Names who owns daily condition, repairs, vendor contact, approvals, and follow-up for each area.

Field	Entry
Restaurant / location	
Area / asset class	
Daily condition owner	
Repair intake owner	
Vendor contact owner	
Spending approval owner	
After-hours escalation	
Verification owner	
Backup owner	
Handoff requirement	
Authority limit	
Review date	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM04 | Approved Vendor & Service Contact Register

Owner: GM **Frequency:** At setup; quarterly

Purpose: Controls approved repair vendors, emergency contacts, warranty contacts, and service-level notes.

Field	Entry
Restaurant / location	
Vendor / service company	
Service category	
Primary contact	
After-hours contact	
Coverage / response expectation	
Approved asset / scope	
Warranty capability	
Insurance / qualification check	
Approval status	
Last performance review	
Next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM05 | Maintenance Budget & Approval Matrix

Owner: Owner / GM **Frequency:** Quarterly; on change

Purpose: Defines spending authority, approval thresholds, emergency exceptions, and documentation requirements.

Field	Entry
Restaurant / location	
Spend category	
Routine approval limit	
Emergency approval limit	
Who may approve	
Documentation required	
PO / invoice rule	
Warranty-first requirement	
Capital threshold	
Exception authority	
Current budget note	
Next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM06 | Daily Facility Walk Checklist

Owner: Manager on Duty **Frequency:** Daily

Purpose: Verifies guest areas, restrooms, entrances, parking, lighting, temperature, visible damage, and urgent hazards.

Field	Entry
Restaurant / location	
Date / shift	
Manager	
Guest areas / entrance	
Parking / exterior	
Restrooms	
Lighting / comfort	
Visible damage / leak	
Urgent hazard found?	
Immediate correction	
Repair / action owner	
Manager verification	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM07 | Opening Equipment Readiness Check

Owner: Opening Manager / Kitchen Manager **Frequency:** Every opening shift

Purpose: Confirms essential kitchen, bar, service, POS-adjacent, refrigeration, and holding equipment readiness before service.

Field	Entry
Restaurant / location	_____
Date / shift	_____
Opening manager	_____
Refrigeration / holding	_____
Cooking equipment	_____
Warewashing	_____
Bar / service equipment	_____
Utilities / HVAC	_____
Equipment not ready	_____
Temporary control	_____
Repair / escalation owner	_____
Ready for service?	_____

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM08 | Closing Facility Condition Log

Owner: Closing Manager **Frequency:** Every closing shift

Purpose: Records end-of-day physical condition, unresolved repair needs, locked areas, shut-down tasks, and next-day warnings.

Field	Entry
Restaurant / location	
Date / shift	
Closing manager	
Facility condition	
Equipment shut-down issues	
Leaks / damage / alarms	
Unresolved repair needs	
Locked / secured areas	
Next-day warning	
Owner assigned	
Due / follow-up	
Closing verification	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM09 | Restroom & Guest-Area Condition Audit

Owner: FOH Manager **Frequency:** Daily and peak periods

Purpose: Protects guest trust by verifying high-visibility facilities, odor, cleanliness, supplies, lighting, and repair needs.

Field	Entry
Restaurant / location	
Date / time	
Reviewer	
Restroom condition	
Guest-area condition	
Supplies / fixtures	
Lighting / odor / comfort	
Damage / repair need	
Guest impact	
Immediate correction	
Repair owner	
Recheck time	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM10 | BOH Condition & Workflow Safety Review

Owner: Kitchen Manager **Frequency:** Weekly

Purpose: Reviews prep, line, dish, storage, flooring, traffic flow, equipment placement, drainage, and workflow hazards.

Field	Entry
Restaurant / location	
Date	
Kitchen manager	
Prep / line condition	
Dish / utility condition	
Storage / flooring / drains	
Traffic-flow hazard	
Equipment placement	
Damage / leak / trip risk	
Correction needed	
Owner / due date	
Verification	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM11 | Preventive Maintenance Calendar

Owner: Facilities Owner **Frequency:** Monthly

Purpose: Schedules planned maintenance by asset, vendor, owner, interval, evidence, and next due date.

Field	Entry
Restaurant / location	
Asset ID	
Asset / equipment	
PM task	
Required interval	
Last completed	
Next due	
Assigned owner / vendor	
Evidence / service record	
Overdue?	
Completion status	
Verified by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM12 | Refrigeration & Cold-Holding Equipment Service Log

Owner: Kitchen Manager **Frequency:** Weekly; per service

Purpose: Tracks condition, service work, temperatures as supporting evidence, door seals, coils, gaskets, and repair history.

Field	Entry
Restaurant / location	
Asset ID / refrigeration	
Date	
Observed condition	
Supporting temperature evidence	
Door / seal / gasket condition	
Coils / airflow / drain	
Service work performed	
Parts / vendor	
Unresolved issue	
Next service due	
Verified by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM13 | Cooking Equipment Care & Service Log

Owner: Kitchen Manager **Frequency:** Weekly; per service

Purpose: Controls cleaning, calibration support, service history, repair symptoms, and operating condition of cooking equipment.

Field	Entry
Restaurant / location	
Asset ID / cooking equipment	
Date	
Observed condition	
Cleaning / care status	
Calibration / control symptom	
Service / repair performed	
Parts / vendor	
Downtime	
Unresolved issue	
Next service due	
Verified by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM14 | HVAC, Hood & Ventilation Service Record

Owner: Owner / Facilities Owner **Frequency:** Monthly; per service

Purpose: Tracks HVAC comfort, hood performance, filter service, vendor inspections, and unresolved airflow concerns.

Field	Entry
Restaurant / location	
HVAC / hood asset or zone	
Date	
Comfort / airflow condition	
Filter / belt / cleaning status	
Hood / exhaust condition	
Vendor / inspection	
Service performed	
Unresolved concern	
Operating impact	
Next service due	
Verified by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM15 | Dish Machine & Warewashing Equipment Readiness Log

Owner: Kitchen Manager **Frequency:** Daily; weekly review

Purpose: Confirms operating condition, leaks, service needs, rack flow, chemical-feed issues, and escalation path.

Field	Entry
Restaurant / location	
Dish / warewashing asset	
Date / shift	
Operating condition	
Leaks / drainage	
Rack / conveyor flow	
Chemical-feed issue	
Service need	
Temporary control	
Escalation / owner	
Next check / service	
Verified by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM16 | Repair Request Intake Form

Owner: Any Manager **Frequency:** Per issue

Purpose: Captures the problem, severity, location, photo/evidence link, impact, temporary control, owner, and due date.

Field	Entry
Restaurant / location	
Repair ID	
Date / time reported	
Asset / location	
Problem / symptom	
Severity / operating impact	
Photo / evidence reference	
Immediate control	
Requested action	
Owner	
Due date	
Status	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM17 | Repair Priority & Approval Decision

Owner: GM / Owner **Frequency:** Per material repair

Purpose: Prioritizes repairs by guest impact, safety, food loss, downtime, cost, and business continuity.

Field	Entry
Restaurant / location	
Repair ID	
Decision date	
Guest / service impact	
Safety / food-loss impact	
Downtime / continuity impact	
Estimated cost	
Warranty / contract option	
Priority	
Approval decision	
Approved by	
Required completion	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM18 | Downtime & Service Interruption Log

Owner: Manager on Duty **Frequency:** Per interruption

Purpose: Records equipment or facility downtime, service effect, workaround, lost product/time, and verification of recovery.

Field	Entry
Restaurant / location	_____
Interruption ID	_____
Asset / area	_____
Start date / time	_____
End date / time	_____
Service effect	_____
Workaround	_____
Lost product / time / sales evidence	_____
Repair / vendor action	_____
Recovery condition	_____
Recovery verified by	_____
Follow-up	_____

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM19 | Vendor Service Work Verification

Owner: Receiving Manager / GM **Frequency:** Per vendor visit

Purpose: Confirms what was serviced, parts used, invoice match, remaining issue, warranty note, and next action.

Field	Entry
Restaurant / location	
Repair / work-order ID	
Vendor	
Visit date / time	
Work authorized	
Work actually completed	
Parts used	
Invoice / quote match	
Warranty note	
Remaining issue	
Next action / due	
Manager verification	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM20 | Warranty, Lease & Service Contract Tracker

Owner: GM / Finance Owner **Frequency:** Quarterly

Purpose: Tracks warranty periods, lease obligations, contracted service terms, expiration dates, and renewal decisions.

Field	Entry
Restaurant / location	
Asset / service	
Warranty / lease / contract	
Provider	
Start date	
Expiration / renewal date	
Covered work / limits	
Required service interval	
Cost / commitment	
Notice deadline	
Renew / renegotiate / exit	
Owner / next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM21 | Capital Replacement Watchlist

Owner: Owner / GM **Frequency:** Quarterly

Purpose: Identifies assets nearing replacement by age, repair history, downtime, parts availability, and service risk.

Field	Entry
Restaurant / location	
Asset ID	
Asset / equipment	
Age / condition	
Repair history	
Downtime history	
Parts availability	
Replacement lead time	
Estimated replacement cost	
Risk if delayed	
Replacement priority	
Target decision date	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM22 | Repair-vs-Replace Decision Worksheet

Owner: Owner / GM **Frequency:** Per major asset decision

Purpose: Compares repair cost, replacement cost, downtime, expected useful life, risk, financing, and timing.

Field	Entry
Restaurant / location	_____
Asset ID	_____
Decision date	_____
Repair option / cost	_____
Replacement option / cost	_____
Expected remaining life if repaired	_____
Expected life if replaced	_____
Downtime comparison	_____
Risk / continuity comparison	_____
Warranty / financing factors	_____
Decision / rationale	_____
Approved by / review date	_____

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM23 | Facility Improvement Project Charter

Owner: Owner / GM **Frequency:** Per project

Purpose: Defines scope, purpose, budget, owner, approval, schedule, guest/staff impact, dependencies, and success measure.

Field	Entry
Restaurant / location	
Project ID / title	
Business purpose	
Scope	
Budget / approval	
Project owner	
Schedule / milestones	
Guest / staff impact	
Operational dependencies	
Contractor / vendor	
Success measure	
Final verification	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM24 | Renovation / Disruption Control Plan

Owner: Project Owner **Frequency:** Per disruption

Purpose: Controls service continuity, communication, safety, staging, contractor access, operating limits, and reopening checks.

Field	Entry
Restaurant / location	
Project / disruption ID	
Dates / affected area	
Work / contractor scope	
Operating limits	
Guest / staff communication	
Safety / access controls	
Food / equipment protection	
Service-continuity plan	
Stop / escalation trigger	
Reopening checks	
Approved by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM25 | Annual Facility Renewal Roadmap

Owner: Owner / GM **Frequency:** Annual

Purpose: Converts facility condition, repairs, guest impact, and capital needs into a staged renewal plan.

Field	Entry
Restaurant / location	
Planning year	
Facility priorities	
Critical replacements	
Preventive-maintenance priorities	
Guest-area improvements	
BOH / workflow improvements	
Budget / capital timing	
Owner	
Milestones	
Dependencies / risks	
Annual review decision	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM26 | Weekly Open Repair Review

Owner: GM Frequency: Weekly

Purpose: Reviews open repair requests, status, risk, due dates, costs, owner action, and blocked items.

Field	Entry
Restaurant / location	
Review date	
Open repair count	
Highest-risk open item	
Overdue items	
Blocked / vendor-delayed items	
New repair requests	
Costs / approvals pending	
Owners needing follow-up	
Decisions made	
Due before next review	
Reviewed by	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM27 | Monthly Facility Scorecard

Owner: Owner / GM **Frequency:** Monthly

Purpose: Scores readiness, open repairs, downtime, vendor response, capital risk, and repeated physical-condition failures.

Field	Entry
Restaurant / location	_____
Month / period	_____
Readiness score	_____
Open repairs	_____
Overdue repairs / PM	_____
Downtime hours / incidents	_____
Vendor response / quality	_____
Repeat failures	_____
Capital risk	_____
Corrective actions open	_____
Management decision	_____
Next review	_____

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM28 | Maintenance Corrective Action Log

Owner: Facilities Owner **Frequency:** Per failure

Purpose: Closes material or repeated facility failures with immediate control, cause review, required correction, owner, due date, status, evidence, and verified closure.

Field	Entry
Restaurant / location	
Corrective-action ID	
Material failure / repeat issue	
Immediate correction / containment	
Confirmed cause or under review	
Required correction	
Owner	
Due date	
Status: Open / Assigned / In Progress / Corrected / Verified Closed	
Verification evidence	
Verified by / date	
Residual risk / next review	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Mark Verified Closed only after evidence shows the correction worked. Do not formalize trivial one-time fixes that are immediately resolved and unlikely to recur.

GRV-FM29 | Quarterly Facility Audit & Photo Record

Owner: GM / Owner Frequency: Quarterly

Purpose: Creates a documented physical-condition record by area, asset class, issue level, correction, and follow-up.

Field	Entry
Restaurant / location	
Quarter / audit date	
Reviewer	
Area / asset class	
Condition / issue level	
Photo / evidence reference	
Required standard	
Correction / action	
Owner	
Due date	
Closure evidence	
Quarterly decision	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.

GRV-FM30 | 90-Day Facility Control Improvement Plan

Owner: Owner / GM **Frequency:** Quarterly

Purpose: Turns the highest facility risks into a controlled 90-day improvement plan with milestones and verification.

Field	Entry
Restaurant / location	
90-day period	
Highest facility-control risks	
Baseline / evidence	
Priority outcome 1	
Priority outcome 2	
Priority outcome 3	
Owner(s)	
Milestones / due dates	
Success evidence	
30/60-day checkpoint result	
90-day final verification / next cycle	

Management review: Reviewed by _____ Date _____ Decision / follow-up _____

Control note: Use the approved version of this form. Record facts before judgment, name the source, and route regulated or sensitive issues through qualified review.