

The Gravity Food Safety & Sanitation System

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How to Use These Forms

- Use the official tool ID and title. Do not rename a form in a way that breaks the connection to the system directory.
- Reference source records instead of copying sensitive or official records unnecessarily.
- Use the applicable approved local standard when it differs from a general model or example, and record the source/version.
- A form is not closed until the decision, owner, due date, and verification or next review are clear.
- Use this DOCX for controlled customization. Use the fixed PDF for normal printing and distribution.

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Regulatory Authority & Source Map

Tool ID	Owner	Frequency	Version
GRV-FS01	Owner / GM / Food Safety Lead	At setup and annual review	1.1

Purpose: Identifies the actual regulatory authority, adopted code/version, permit contacts, inspection source, internal standard owner, and source review dates for the location.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Applicable authority	_____
Code / policy / version	_____
Effective / review date	_____
Contact / permit / reference	_____
Requirement summary	_____
Qualified review needed?	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Person-in-Charge Responsibility Assignment

Tool ID	Owner	Frequency	Version
GRV-FS02	Owner / GM	At appointment and when roles change	1.1

Purpose: Defines who is responsible for food-safety oversight by operating period and what authority, escalation, documentation, and backup coverage apply.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Decision / status	
Owner	
Due date / next review	
Evidence required to close	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Food Protection Manager Coverage Plan

Tool ID	Owner	Frequency	Version
GRV-FS03	Owner / GM	At setup and when staffing changes	1.1

Purpose: Maps certified or otherwise required food-protection coverage to operating hours without assuming one jurisdictional rule applies everywhere.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Day / daypart / shift	
Position / employee	
Forecast / demand basis	
Scheduled / planned hours	
Actual / requested / available hours	
Coverage or hour-risk issue	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Food Safety Management System Charter

Tool ID	Owner	Frequency	Version
GRV-FS04	Owner / GM / Food Safety Lead	At setup and annual review	1.1

Purpose: Defines the location food-safety management system, controlled processes, records, review rhythm, responsibilities, and corrective-action path.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Decision / status	_____
Owner	_____
Due date / next review	_____
Evidence required to close	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Inspection Readiness & Authority Contact Record

Tool ID	Owner	Frequency	Version
GRV-FS05	GM / Food Safety Lead	Monthly and before inspection follow-up	1.1

Purpose: Keeps current permit, authority, contact, inspection, corrective-action, and document-location information in one controlled record.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Applicable authority	
Code / policy / version	
Effective / review date	
Contact / permit / reference	
Requirement summary	
Qualified review needed?	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Employee Health Policy Acknowledgment

Tool ID	Owner	Frequency	Version
GRV-FS06	Manager / People Owner	At hire and policy update	1.1

Purpose: Documents that the employee received and understood the location-approved illness reporting and restriction/exclusion policy.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Applicable authority	_____
Code / policy / version	_____
Effective / review date	_____
Contact / permit / reference	_____
Requirement summary	_____
Qualified review needed?	_____
Reported / observed condition	_____
Approved policy section	_____
Restriction / exclusion / control decision	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Employee Illness Reporting & Management Decision Record

Tool ID	Owner	Frequency	Version
GRV-FS07	Manager / Food Safety Lead	Per report	1.1

Purpose: Records reported symptoms/diagnosis information only to the extent permitted and needed, the applicable source, management restriction/exclusion decision, escalation, and return criteria.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Reported / observed condition	_____
Approved policy section	_____
Restriction / exclusion / control decision	_____
Immediate protective action	_____
Manager / qualified reviewer	_____
Return / retest criteria	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Handwashing & Personal Hygiene Verification

Tool ID	Owner	Frequency	Version
GRV-FS08	Manager / Food Safety Lead	Daily observation and periodic audit	1.1

Purpose: Verifies access, supplies, observed practices, barriers, coaching, and corrective action for handwashing and personal hygiene.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Reported / observed condition	
Approved policy section	
Restriction / exclusion / control decision	
Immediate protective action	
Manager / qualified reviewer	
Return / retest criteria	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Ready-to-Eat Food Contact Control Check

Tool ID	Owner	Frequency	Version
GRV-FS09	Manager / Food Safety Lead	Daily and spot checks	1.1

Purpose: Verifies approved barriers and handling practices for ready-to-eat food and records any observed breakdown and correction.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Reported / observed condition	_____
Approved policy section	_____
Restriction / exclusion / control decision	_____
Immediate protective action	_____
Manager / qualified reviewer	_____
Return / retest criteria	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Contamination-Event Response Readiness Verification

Tool ID	Owner	Frequency	Version
GRV-FS10	GM / Food Safety Lead	Monthly and after event	1.1

Purpose: Confirms the approved response procedure, supplies, restricted area, disposal, disinfection, reporting, and retraining controls are ready.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Reported / observed condition	_____
Approved policy section	_____
Restriction / exclusion / control decision	_____
Immediate protective action	_____
Manager / qualified reviewer	_____
Return / retest criteria	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

TCS Food Process & Control Map

Tool ID	Owner	Frequency	Version
GRV-FS11	Chef / Food Safety Lead	At setup and menu/process change	1.1

Purpose: Maps each controlled food process to the applicable receiving, storage, preparation, cooking, cooling, reheating, holding, or time-control requirement source.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Decision / status	_____
Owner	_____
Due date / next review	_____
Evidence required to close	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Receiving Temperature & Condition Verification

Tool ID	Owner	Frequency	Version
GRV-FS12	Receiver / Manager	Each applicable delivery	1.1

Purpose: Records required receiving checks from the location-approved standard, including condition, temperature where applicable, packaging, date control, and reject/accept decision.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Vendor / supplier	_____
Order / invoice reference	_____
Expected quantity / price	_____
Received / approved quantity	_____
Shortage / substitution / price issue	_____
Credit / follow-up	_____
Food / batch / product	_____
Approved limit / source	_____
Start condition / time	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Holding Control Monitoring Record

Tool ID	Owner	Frequency	Version
GRV-FS13	Manager / Station Owner	At approved frequency	1.1

Purpose: Records hot/cold holding or other required controls using the applicable approved threshold and correction rule rather than a hard-coded national assumption.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Food / batch / product	_____
Approved limit / source	_____
Start condition / time	_____
Check 1	_____
Check 2 / end condition	_____
Deviation / disposition	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Cooling & Reheating Process Verification

Tool ID	Owner	Frequency	Version
GRV-FS14	Kitchen Manager / Food Safety Lead	Each controlled batch or approved sample plan	1.1

Purpose: Documents start/end conditions, time/temperature checkpoints, equipment, batch identification, deviation, disposition, and verification against the approved local standard.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Food / batch / product	
Approved limit / source	
Start condition / time	
Check 1	
Check 2 / end condition	
Deviation / disposition	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Approved Time-Control Authorization & Monitoring Log

Tool ID	Owner	Frequency	Version
GRV-FS15	GM / Food Safety Lead	Per approved use	1.1

Purpose: Documents any approved time-as-a-control procedure, authorization, start time, discard time, labeling, monitoring, and corrective action based on the applicable authority.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Food / batch / product	_____
Approved limit / source	_____
Start condition / time	_____
Check 1	_____
Check 2 / end condition	_____
Deviation / disposition	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Raw-to-Ready-to-Eat Separation Audit

Tool ID	Owner	Frequency	Version
GRV-FS16	Kitchen Manager	Daily and weekly audit	1.1

Purpose: Checks storage, prep, utensils, surfaces, workflow, and employee practices that protect ready-to-eat food from raw animal-product contamination.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Area / item / category	_____
Purchase unit	_____
Count unit	_____
Quantity / on hand	_____
Unit cost / conversion	_____
Recount / verification	_____
Reported / observed condition	_____
Approved policy section	_____
Restriction / exclusion / control decision	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Allergen Control & Communication Verification

Tool ID	Owner	Frequency	Version
GRV-FS17	Manager / Expo / Kitchen Lead	Per declared allergy and periodic audit	1.1

Purpose: Verifies the restaurant's approved allergy communication, ingredient/source check, preparation controls, handoff, service confirmation, and incident escalation.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Process / area	
Approved method / product	
Verification measure	
Observed condition	
Deviation	
Correction / retest	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Food-Contact Surface Cleaning & Sanitizing Verification

Tool ID	Owner	Frequency	Version
GRV-FS18	Kitchen Manager / Sanitation Lead	Daily and scheduled audit	1.1

Purpose: Confirms cleaning and sanitizing frequency, approved chemical/process, concentration or equipment verification where required, and corrective action.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Process / area	_____
Approved method / product	_____
Verification measure	_____
Observed condition	_____
Deviation	_____
Correction / retest	_____
Area / equipment	_____
Condition observed	_____
Food-safety impact	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Warewashing & Sanitizer Control Record

Tool ID	Owner	Frequency	Version
GRV-FS19	Dish / Kitchen Manager	At approved frequency	1.1

Purpose: Records warewashing-machine or manual-sink control checks, sanitizer verification, equipment condition, corrective action, and management review.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Process / area	_____
Approved method / product	_____
Verification measure	_____
Observed condition	_____
Deviation	_____
Correction / retest	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Chemical Storage, Labeling & Use Audit

Tool ID	Owner	Frequency	Version
GRV-FS20	Kitchen Manager / Safety Lead	Weekly	1.1

Purpose: Verifies chemical identification, storage, labeling, use instructions, separation, secondary containers, access, and correction.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Area / item / category	_____
Purchase unit	_____
Count unit	_____
Quantity / on hand	_____
Unit cost / conversion	_____
Recount / verification	_____
Process / area	_____
Approved method / product	_____
Verification measure	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Facility Sanitation Walk

Tool ID	Owner	Frequency	Version
GRV-FS21	Manager / Sanitation Lead	Daily	1.1

Purpose: Reviews floors, drains, walls, ceilings, refuse, employee areas, non-food-contact surfaces, hand sinks, restrooms, and other sanitation conditions requiring action.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Area / equipment	_____
Condition observed	_____
Food-safety impact	_____
Immediate control	_____
Repair / service owner	_____
Verification date	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Master Cleaning Schedule & Verification Record

Tool ID	Owner	Frequency	Version
GRV-FS22	Sanitation Lead / Department Managers	Weekly and monthly	1.1

Purpose: Defines what is cleaned, by whom, how often, by what approved method, and how completion and effectiveness are verified.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Day / daypart / shift	
Position / employee	
Forecast / demand basis	
Scheduled / planned hours	
Actual / requested / available hours	
Coverage or hour-risk issue	
Area / equipment	
Condition observed	
Food-safety impact	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Pest Evidence & Corrective Action Log

Tool ID	Owner	Frequency	Version
GRV-FS23	GM / Facility Owner	As found; monthly review	1.1

Purpose: Records evidence, location, date, immediate control, sanitation or structural contributors, vendor escalation, and verification.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Area / equipment	_____
Condition observed	_____
Food-safety impact	_____
Immediate control	_____
Repair / service owner	_____
Verification date	_____
Problem / failed control	_____
Root cause / contributing factor	_____
Required action	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Water, Ice, Plumbing & Backflow Readiness Review

Tool ID	Owner	Frequency	Version
GRV-FS24	GM / Facility Owner	Monthly and after disruption	1.1

Purpose: Verifies approved water/ice source, plumbing condition, drainage, cross-connection/backflow controls, interruption response, and service documentation.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Employee / trainee	_____
Position / station	_____
Standard / SOP version	_____
Trainer / observer	_____
Demonstration / evidence	_____
Qualification / follow-up status	_____
Area / equipment	_____
Condition observed	_____
Food-safety impact	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Equipment Condition & Cleanability Review

Tool ID	Owner	Frequency	Version
GRV-FS25	Kitchen Manager / Facility Owner	Monthly	1.1

Purpose: Checks food equipment condition, cleanability, seals, surfaces, calibration needs, damage, repair priority, and food-safety impact.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Employee / trainee	_____
Position / station	_____
Standard / SOP version	_____
Trainer / observer	_____
Demonstration / evidence	_____
Qualification / follow-up status	_____
Area / equipment	_____
Condition observed	_____
Food-safety impact	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Food Safety Training & Competency Verification

Tool ID	Owner	Frequency	Version
GRV-FS26	Food Safety Lead / Trainer	At onboarding and recurring review	1.1

Purpose: Confirms role-specific food-safety learning, observed competency, retraining needs, source version, and certification or qualification evidence where applicable.

RECORD	
Restaurant / location	
Date / period	
Record owner	
Source / evidence reference	

CONTROL EVIDENCE	
Employee / trainee	
Position / station	
Standard / SOP version	
Trainer / observer	
Demonstration / evidence	
Qualification / follow-up status	
Decision / status	
Owner	
Due date / next review	

DECISION & REVIEW	
Decision / status	
Corrective action / support	
Action owner	
Due date	
Verification / closure evidence	
Reviewed by / review date	
Next review / escalation	

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Internal Food Safety Risk-Factor Audit

Tool ID	Owner	Frequency	Version
GRV-FS27	GM / Food Safety Lead	Monthly or quarterly	1.1

Purpose: Audits the highest-risk food-safety controls using the location's approved authority and records pass/fail evidence, severity, and corrective action.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Problem / failed control	_____
Root cause / contributing factor	_____
Required action	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Regulatory Inspection Finding & Corrective Action Log

Tool ID	Owner	Frequency	Version
GRV-FS28	GM / Food Safety Lead	Per inspection	1.1

Purpose: Converts inspection findings into an owned correction, due date, evidence, authority communication, verification, and closure record.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Applicable authority	_____
Code / policy / version	_____
Effective / review date	_____
Contact / permit / reference	_____
Requirement summary	_____
Qualified review needed?	_____
Problem / failed control	_____
Root cause / contributing factor	_____
Required action	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Food Safety Incident / Near-Miss Review

Tool ID	Owner	Frequency	Version
GRV-FS29	Owner / GM / Food Safety Lead	Per event	1.1

Purpose: Records facts, affected process, product disposition, notifications, source requirements, immediate control, root cause, corrective action, and prevention learning.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Employee / trainee	_____
Position / station	_____
Standard / SOP version	_____
Trainer / observer	_____
Demonstration / evidence	_____
Qualification / follow-up status	_____
Decision / status	_____
Owner	_____
Due date / next review	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.

Monthly Food Safety Scorecard & 90-Day Improvement Plan

Tool ID	Owner	Frequency	Version
GRV-FS30	Owner / GM / Food Safety Lead	Monthly and quarterly	1.1

Purpose: Combines audit results, deviations, inspection findings, sanitation completion, training, incidents, and open actions into the next 90-day food-safety plan.

RECORD	
Restaurant / location	_____
Date / period	_____
Record owner	_____
Source / evidence reference	_____

CONTROL EVIDENCE	
Baseline / prior value	_____
Current / actual value	_____
Target / approved range	_____
Variance / difference	_____
Definition / calculation basis	_____
Context / limitation	_____
Problem / failed control	_____
Root cause / contributing factor	_____
Required action	_____

DECISION & REVIEW	
Decision / status	_____
Corrective action / support	_____
Action owner	_____
Due date	_____
Verification / closure evidence	_____
Reviewed by / review date	_____
Next review / escalation	_____

Control note: Use the approved tool version. Record the controlling source, limitation, decision, owner, due date, and verification. Escalate legal, safety, payroll, health, employment, or regulatory uncertainty to the applicable qualified authority.