

The Gravity Employee Training & Certification System

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GRV-T01-GRV-T30 | Release 1.1 | August 2026

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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.

Tool Index

ID / Tool	Owner	Frequency
GRV-T01 New Hire Readiness Checklist	Hiring Manager	Before each new hire
GRV-T02 First Day Welcome Checklist	Manager / Trainer	First shift
GRV-T03 Employee Information & Position Setup	Manager	At onboarding
GRV-T04 Restaurant Tour Checklist	Trainer	First shift
GRV-T05 Safety & Sanitation Introduction	Trainer / Safety Lead	First shift
GRV-T06 Service Culture Introduction	Manager / Trainer	First week
GRV-T07 First Week Training Plan	Trainer	First week
GRV-T08 New Hire Onboarding Completion Page	Manager	End of onboarding
GRV-T09 Server Training Tracker	FOH Trainer	During training
GRV-T10 Host Training Tracker	FOH Trainer	During training
GRV-T11 Cook Training Tracker	BOH Trainer	During training
GRV-T12 Dishwasher Training Tracker	BOH Trainer	During training
GRV-T13 Manager Training Tracker	GM / Owner	During manager training
GRV-T14 FOH Task Mastery Sheet	FOH Manager	Before certification
GRV-T15 BOH Task Mastery Sheet	Kitchen Manager	Before certification
GRV-T16 Guest Recovery Mastery Sheet	FOH Manager	Before independent handling
GRV-T17 Opening & Closing Task Mastery Sheet	Shift Manager	Before certification
GRV-T18 Position Task SOP Template	Department Manager	For each position task
GRV-T19 Trainer Authorization & Calibration Form	GM	Before trainer authorization and quarterly
GRV-T20 Employee Training Sign-Off Page	Trainer / Manager	At task completion
GRV-T21 Station Certification Page	Department Manager	At station certification
GRV-T22 Coaching Conversation Log	Manager	After coaching
GRV-T23 Retraining Assignment Log	Manager / Trainer	When retraining is assigned
GRV-T24 30-Day Employee Review	Manager	30 days after hire
GRV-T25 Department Training Scorecard	Department Manager	Monthly
GRV-T26 Team Competency &	Training Owner / Department Managers	Weekly or monthly

Certification Matrix		
GRV-T27 Cross-Training Coverage & Qualification Map	GM / Training Owner	Monthly
GRV-T28 Training Gap & Risk Priority Review	GM / Training Owner	Monthly
GRV-T29 Training Corrective Action & Recertification Log	GM / Training Owner	Weekly
GRV-T30 Monthly Training Health Scorecard & Improvement Plan	Owner / GM / Training Owner	Monthly and quarterly

DAILY TRAINING LOG - SUPPORT PAGE

Use only on days training occurs. Keep it short: who trained, what was practiced, where the trainee stands, and what happens next.

Date: _____ Trainer: _____ Shift: _____

Employee: _____ Position / Station: _____

What did we work on? _____

Current status: NS / L / P / D / V / C / R

What should happen next? _____

Trainer initials: _____ Manager review, if needed: _____

Keep it useful. Training is complete when the employee can understand it, perform it, and repeat it correctly without being rescued.

New Hire Readiness Checklist

Tool ID	Owner	Frequency	Version
GRV-T01	Hiring Manager	Before each new hire	1.0

Purpose: Confirms the role, job information, schedule expectations, trainer, first-day materials, system access, uniform/equipment, required documents, and training plan are ready before arrival.

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.

First Day Welcome Checklist

Tool ID	Owner	Frequency	Version
GRV-T02	Manager / Trainer	First shift	1.0

Purpose: Creates a consistent first-day experience with introductions, expectations, logistics, safety basics, culture, schedule, training path, and questions.

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	_____

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Employee Information & Position Setup

Tool ID	Owner	Frequency	Version
GRV-T03	Manager	At onboarding	1.0

Purpose: Records the employee's assigned role, department, trainer, start date, approved schedule/availability references, system access, and required qualification path.

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.

Restaurant Tour Checklist

Tool ID	Owner	Frequency	Version
GRV-T04	Trainer	First shift	1.0

Purpose: Introduces the employee to work areas, emergency routes, employee spaces, sanitation areas, storage, guest areas, manager contacts, and role-specific boundaries.

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	_____

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Safety & Sanitation Introduction

Tool ID	Owner	Frequency	Version
GRV-T05	Trainer / Safety Lead	First shift	1.0

Purpose: Confirms the employee received the location-approved introductory safety and sanitation information and knows where to find required procedures and reporting routes.

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.

Service Culture Introduction

Tool ID	Owner	Frequency	Version
GRV-T06	Manager / Trainer	First week	1.0

Purpose: Teaches the restaurant's guest promise, respect standard, communication expectations, recovery philosophy, escalation, and role in the Gravity System.

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.

First Week Training Plan

Tool ID	Owner	Frequency	Version
GRV-T07	Trainer	First week	1.0

Purpose: Schedules the first training sequence by shift, station, trainer, task group, observation goal, and review point.

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	_____

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New Hire Onboarding Completion Page

Tool ID	Owner	Frequency	Version
GRV-T08	Manager	End of onboarding	1.0

Purpose: Verifies that required onboarding topics, acknowledgments, access, orientation, training assignments, and unresolved items are complete.

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	_____

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Server Training Tracker

Tool ID	Owner	Frequency	Version
GRV-T09	FOH Trainer	During training	1.0

Purpose: Tracks server learning across menu knowledge, POS, sequence of service, communication, payment, allergy escalation, side work, and guest recovery boundaries.

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.

Host Training Tracker

Tool ID	Owner	Frequency	Version
GRV-T10	FOH Trainer	During training	1.0

Purpose: Tracks host learning across greeting, seating, wait management, phone, reservations, guest notes, accessibility awareness, communication, and handoff.

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	_____

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Cook Training Tracker

Tool ID	Owner	Frequency	Version
GRV-T11	BOH Trainer	During training	1.0

Purpose: Tracks cook learning across station setup, recipes, equipment, timing, safety, sanitation, labeling, communication, quality checks, and closing.

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.

Dishwasher Training Tracker

Tool ID	Owner	Frequency	Version
GRV-T12	BOH Trainer	During training	1.0

Purpose: Tracks dish-area learning across flow, warewashing, chemicals, safety, storage, trash, equipment, sanitation, and closing standards.

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.

Manager Training Tracker

Tool ID	Owner	Frequency	Version
GRV-T13	GM / Owner	During manager training	1.0

Purpose: Tracks manager operational training requirements without duplicating the deeper leadership-development records owned by GRV-M.

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.

FOH Task Mastery Sheet

Tool ID	Owner	Frequency	Version
GRV-T14	FOH Manager	Before certification	1.0

Purpose: Requires observation and demonstration of defined front-of-house tasks before independent qualification.

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.

BOH Task Mastery Sheet

Tool ID	Owner	Frequency	Version
GRV-T15	Kitchen Manager	Before certification	1.0

Purpose: Requires observation and demonstration of defined back-of-house tasks before independent qualification.

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.

Guest Recovery Mastery Sheet

Tool ID	Owner	Frequency	Version
GRV-T16	FOH Manager	Before independent handling	1.0

Purpose: Verifies the employee can recognize, communicate, escalate, document, and resolve guest problems within approved authority.

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.

Opening & Closing Task Mastery Sheet

Tool ID	Owner	Frequency	Version
GRV-T17	Shift Manager	Before certification	1.0

Purpose: Verifies the employee can complete assigned opening/closing controls accurately and explain escalation when conditions are abnormal.

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.

Position Task SOP Template

Tool ID	Owner	Frequency	Version
GRV-T18	Department Manager	For each position task	1.0

Purpose: Creates a training-ready task page tied to the approved SOP, required tools, safety points, sequence, quality check, and demonstration standard.

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.

Trainer Authorization & Calibration Form

Tool ID	Owner	Frequency	Version
GRV-T19	GM	Before trainer authorization and quarterly	1.1

Purpose: Confirms the trainer understands the approved standard, teaches consistently, observes fairly, documents evidence, gives feedback, and escalates uncertainty.

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

VERIFICATION EVIDENCE	
Trainer	_____
Department / role	_____
Standards reviewed	_____
Knowledge / limits	_____
Demonstration skill	_____
Feedback skill	_____
Documentation	_____
Calibration observer	_____
Recommendation	Authorized / Not Yet / Suspended

REVIEW AND VERIFICATION	
Status	Authorized / Not Yet / Suspended
Support needed	_____
Owner	_____
Due	_____
Verification evidence	_____
Reviewed / date	_____
Next calibration	_____

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 Training Sign-Off Page

Tool ID	Owner	Frequency	Version
GRV-T20	Trainer / Manager	At task completion	1.1

Purpose: Records training date, standard version, demonstration evidence, trainer decision, employee acknowledgment, limitation, and follow-up.

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

TRAINING EVIDENCE	
Employee	_____
Position / station	_____
Task / standard	_____
SOP version	_____
Trainer	_____
Knowledge check	Pass / Review Needed / N/A
Demonstration	_____
Competency status	NS / L / P / D / V / C / R
Next step	_____

TRAINING REVIEW	
Current status	NS / L / P / D / V / C / R
Support / limits	_____
Independent verifier	_____
Verification date	_____
Evidence ref	_____
Manager decision	Continue / Verify / Certify / Retrain
Next review	_____

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.

Station Certification Page

Tool ID	Owner	Frequency	Version
GRV-T21	Department Manager	At station certification	1.1

Purpose: Documents that required tasks, observations, checks, and prerequisites are complete before the employee is certified for independent station work.

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

TRAINING EVIDENCE	
Employee	_____
Position / station	_____
Training complete?	Yes / No
Knowledge check?	Yes / No / N/A
Skills demonstrated?	Yes / No
Live performance?	Yes / No / N/A
Independent verification?	Yes / No
SOP version	_____
Evidence ref	_____

DECISION AND REVIEW	
Decision	Certified / Not Yet / Retraining Required
Manager approval	_____
Effective date	_____
Review / renewal	_____
Limits / conditions	_____
Follow-up owner	_____
Next review	_____

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.

Coaching Conversation Log

Tool ID	Owner	Frequency	Version
GRV-T22	Manager	After coaching	1.1

Purpose: Records the observed behavior, expected standard, employee perspective, agreed action, support, follow-up date, and outcome without turning every coaching event into discipline.

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.

Retraining Assignment Log

Tool ID	Owner	Frequency	Version
GRV-T23	Manager / Trainer	When retraining is assigned	1.1

Purpose: Defines the performance gap, standard to relearn, trainer, practice, deadline, verification method, and final status.

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

EVIDENCE	
Employee	_____
Position / station	_____
Gap / standard	_____
Why retraining	_____
Trainer	_____
Practice needed	_____
Due	_____
Retest method / date	_____
Current status	R - Retraining Required

RETEST EVIDENCE	
Retest result	Pass / More Practice Needed
Status after retest	L / P / D / V / C / R
Owner	_____
Due	_____
Closure evidence	_____
Reviewed / date	_____
Next review	_____

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.

30-Day Employee Review

Tool ID	Owner	Frequency	Version
GRV-T24	Manager	30 days after hire	1.1

Purpose: Reviews early performance, understanding, support needs, attendance context, training completion, strengths, questions, and next-development priorities.

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.

Department Training Scorecard

Tool ID	Owner	Frequency	Version
GRV-T25	Department Manager	Monthly	1.1

Purpose: Summarizes training completion, certification, overdue retraining, trainer capacity, cross-training depth, and unresolved qualification risks.

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	
Area / item / category	
Purchase unit	
Count unit	

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.

Team Competency & Certification Matrix

Tool ID	Owner	Frequency	Version
GRV-T26	Training Owner / Department Managers	Weekly or monthly	1.1

Purpose: Maintains current qualification status by employee, position, station, effective date, expiration/review date, and evidence reference.

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

VERIFICATION EVIDENCE	
Employee	_____
Primary position	_____
Position / station / skill	_____
Competency status	NS / L / P / D / V / C / R
Certification date	_____
Review / renewal	_____
Verifier	_____
Evidence ref	_____
Coverage note	_____

ACTION NEEDED	
Action needed	None / Continue Training / Verify / Retrain
Owner	_____
Due	_____
Closure status	Open / Assigned / Corrected / Verified Closed
Verification evidence	_____
Reviewed / date	_____
Next review	_____

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.

Cross-Training Coverage & Qualification Map

Tool ID	Owner	Frequency	Version
GRV-T27	GM / Training Owner	Monthly	1.1

Purpose: Shows where the restaurant has or lacks qualified backup coverage and routes staffing decisions to GRV-C.

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

Position / station	
Certified needed	
Certified (C)	
Verified (V)	
Learning / practicing	
Coverage risk	Low / Watch / High / Critical
Cross-train candidate	
Priority / target	
GRV-C handoff	

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.

Training Gap & Risk Priority Review

Tool ID	Owner	Frequency	Version
GRV-T28	GM / Training Owner	Monthly	1.1

Purpose: Ranks training gaps by service, safety, compliance, quality, staffing, and guest impact so resources go to the highest-risk needs first.

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

ANALYSIS	
Department / role	
Training gap	
Service impact	
Safety impact	
Coverage impact	
Frequency	
Priority	Low / Watch / High / Critical
Required action	
Owner / due	

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.

Training Corrective Action & Recertification Log

Tool ID	Owner	Frequency	Version
GRV-T29	GM / Training Owner	Weekly	1.1

Purpose: Closes failed or expired competency with assigned retraining, observation, retest, recertification decision, evidence, and system correction.

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

CLOSURE EVIDENCE	
Employee / role	_____
Failed competency	_____
Immediate protection	_____
Cause	_____
Retraining / correction	_____
Retest method	_____
Owner	_____
Due	_____
Closure status	Open / Assigned / Corrected / Verified Closed

RETEST / RECERTIFICATION	
Status	Open / Assigned / Corrected / Verified Closed
Retest / recert result	_____
Closure evidence	_____
Verified by	_____
Verified date	_____
System correction?	Yes / No
Next review	_____

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 Training Health Scorecard & Improvement Plan

Tool ID	Owner	Frequency	Version
GRV-T30	Owner / GM / Training Owner	Monthly and quarterly	1.1

Purpose: Combines onboarding, certification, cross-training, trainer capacity, overdue actions, competency failures, and recertification needs into the next 90-day plan.

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

ANALYSIS	
Training measure	_____
Expected / target	_____
Actual	_____
Variance	_____
Meaningful?	No / Watch / Yes
Reason	_____
Top competency gap	_____
Cross-train priority	_____
Open actions	_____

DECISION & REVIEW	
Decision	Keep / Change / Retire / Expand
Priority action	_____
Owner	_____
Due	_____
Improvement evidence	_____
Reviewed / date	_____
Next review	_____

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.