

THE GRAVITY RESTAURANT LEADERSHIP SYSTEM



The Gravity Risk & Continuity System

Thirty editable, print-ready tools for risk, preparedness, continuity, response, recovery, restart, and renewal.

FORMS AND TEMPLATES LIBRARY

Published by Thomas Monroe Books

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How to Use This Forms Library

Customize every plan for the actual location, hazards, people, facility, adopted requirements, authorities, insurer, utilities, vendors, contacts, and approved SOP Library. Keep one controlled editable master, distribute approved working copies, and connect active records to the digital workbook.

1. Select the required tool by GRV-RC ID.
2. State the location, scenario, owner, authority, date, version, and linked critical function.
3. Use approved thresholds and official instructions; do not improvise hazardous or regulated procedures.
4. Record decisions, actions, communications, evidence, restrictions, due dates, and verification.
5. Update connected Gravity systems and the controlled document register when a lesson changes a standard.
6. Retest and schedule the next review.

EMERGENCY USE Do not delay emergency reporting, evacuation, medical aid, food protection, closure, or official instruction to complete these forms. Call 911 or the applicable emergency service for immediate danger.

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Enterprise Risk Register

Tool ID	GRV-RC01	Owner	Owner/GM
Category	Risk Governance & Prioritization	Frequency	Monthly and at change

Purpose: Maintains one prioritized view of threats, opportunities, controls, owners, review dates, and residual exposure.

RISK IDENTITY

Risk ID	_____	Scenario/event	_____
Category	_____	Location/function	_____
Date identified	_____	Source/signal	_____

ASSESSMENT

Existing controls	_____	Likelihood 1–5	_____
Impact 1–5	_____	Inherent score	_____
Control effectiveness	_____	Residual rating	_____

OWNERSHIP

Primary owner	_____	Backup owner	_____
Response choice	_____	Action ID	_____
Target date	_____	Next review	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC01. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Risk Appetite & Escalation Matrix

Tool ID	GRV-RC02	Owner	Owner/GM
Category	Risk Governance & Prioritization	Frequency	Annual and at change

Purpose: Defines which risks can be managed locally and which require immediate closure, escalation, or specialist review.

RISK APPETITE

Risk category	_____	Acceptable range	_____
	_____		_____
Conditional range	_____	Unacceptable range	_____
	_____		_____
Prohibited condition	_____	Approver	_____
	_____		_____

ESCALATION

Trigger	_____	Immediate action	_____
	_____		_____
Notify	_____	Decision authority	_____
	_____		_____
Response time	_____	Specialist/authority	_____
	_____		_____

CONTROL

Temporary control	_____	Evidence	_____
	_____		_____
Residual risk	_____	Expiration	_____
	_____		_____
Review owner	_____	Next review	_____
	_____		_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
	_____		_____
Decision/action	_____	Next review	_____
	_____		_____

Control note: Use the approved version of GRV-RC02. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Risk Ownership & Accountability Map

Tool ID	GRV-RC03	Owner	Owner/GM
Category	Risk Governance & Prioritization	Frequency	Quarterly

Purpose: Assigns primary owners, alternates, decision authority, evidence, and reporting for material risks.

RISK/ROLE

Risk or capability	_____	Primary owner	_____
Alternate	_____	Executive sponsor	_____
Locations	_____	Availability	_____

AUTHORITY

Decisions allowed	_____	Spending limit	_____
Stop/close authority	_____	External contact authority	_____
Information access	_____	Restrictions	_____

ACCOUNTABILITY

Required record	_____	Reporting rhythm	_____
Training/test	_____	Open gap	_____
Action owner	_____	Due date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC03. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Critical Incident Threshold & Activation Guide

Tool ID	GRV-RC04	Owner	GM/Incident Lead
Category	Risk Governance & Prioritization	Frequency	Quarterly and after incident

Purpose: Sets observable activation levels, notification rules, decision rights, and deactivation criteria.

INCIDENT LEVEL

Level/name		Observable threshold	
Examples		Safety trigger	
Operational trigger		Financial/reputation trigger	

ACTIVATION

Who may activate		Incident lead	
Initial notifications		Location/command channel	
First objective		Time to reassess	

DEACTIVATION

Authority		Required conditions	
Open restrictions		Handoff	
Evidence		After-action due	

MANAGEMENT REVIEW

Reviewed by		Review date	
Decision/action		Next review	

Control note: Use the approved version of GRV-RC04. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Insurance, Contract & External Support

Register

Tool ID	GRV-RC05	Owner	Owner/Finance Lead
Category	Risk Governance & Prioritization	Frequency	Quarterly

Purpose: Organizes relevant coverage, notices, claims contacts, landlord, utility, counsel, regulator, and recovery support.

RESOURCE

Provider/agency	_____	Purpose	_____
Policy/contract/ reference	_____	Named contact	_____
24-hour number	_____	Secure record location	_____

ACTIVATION

Notification deadline	_____	Activation steps	_____
Required evidence	_____	Deductible/limit	_____
Exclusions/ conditions	_____	Alternate contact	_____

REVIEW

Owner	_____	Last verified	_____
Renewal/expiration	_____	Gap	_____
Action	_____	Next review	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC05. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Critical Operations Inventory

Tool ID	GRV-RC06	Owner	GM/Operations Lead
Category	Critical Operations & Dependencies	Frequency	Quarterly

Purpose: Identifies the functions, minimum outputs, people, records, facilities, systems, suppliers, and timing required to operate.

CRITICAL OPERATION

Function ID	_____	Function/output	_____
Owner	_____	Customers/receivers	_____
Operating window	_____	Minimum service level	_____

REQUIREMENTS

Essential roles	_____	Facility/equipment	_____
Utility	_____	Technology/data	_____
Supplier/service	_____	Record/authority	_____

CONTINUITY

Maximum tolerable downtime	_____	Target recovery time	_____
Workaround	_____	Backup owner	_____
Test status	_____	Action ID	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC06. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Business Impact Analysis

Tool ID	GRV-RC07	Owner	GM/Finance Lead
Category	Critical Operations & Dependencies	Frequency	Annual and at change

Purpose: Rates the operational, safety, guest, financial, legal, people, and reputation effects of disruption over time.

FUNCTION/SCENARIO

Function ID	_____	Disruption scenario	_____
Assessment date	_____	Owner	_____
Season/peak	_____	Assumptions	_____

IMPACT BY TIME

0–4 hours	_____	4–24 hours	_____
1–3 days	_____	4–7 days	_____
Beyond 7 days	_____	Maximum tolerable downtime	_____

CONSEQUENCES

Life/food safety	_____	Guests/service	_____
People	_____	Financial	_____
Legal/contract	_____	Reputation	_____

RECOVERY

Priority	_____	Target recovery time	_____
Data-loss tolerance	_____	Minimum resources	_____
Dependency	_____	Approval	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC07. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Dependency & Single-Point-of-Failure Map

Tool ID	GRV-RC08	Owner	Operations Lead
Category	Critical Operations & Dependencies	Frequency	Quarterly

Purpose: Finds resources whose loss can stop a critical function and records redundancy or a workaround.

DEPENDENCY

Dependency ID	_____	Critical function	_____
Resource/person/system	_____	Owner/vendor	_____
Failure mode	_____	Warning signal	_____

EXPOSURE

Single point of failure	_____	Time to impact	_____
Existing redundancy	_____	Workaround	_____
Capacity/duration	_____	Residual rating	_____

IMPROVEMENT

Required backup	_____	Action owner	_____
Due date	_____	Test method	_____
Evidence	_____	Next review	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC08. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Critical Supplier & Utility Continuity Review

Tool ID	GRV-RC09	Owner	Operations/Purchasing
Category	Critical Operations & Dependencies	Frequency	Quarterly

Purpose: Tests supplier, fuel, water, electricity, gas, waste, delivery, and service-provider recovery arrangements.

SUPPLIER/UTILITY

Provider	_____	Product/service	_____
Critical function	_____	Account/reference	_____
Primary contact	_____	Emergency contact	_____

CONTINUITY

Expected outage notice	_____	Alternate source	_____
On-hand coverage	_____	Manual workaround	_____
Restoration estimate source	_____	Priority status	_____

CONTROL

Contract/SLA checked	_____	Test/date	_____
Gap	_____	Action owner	_____
Due date	_____	Next review	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC09. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Technology, Data & Payment Recovery Requirements

Tool ID	GRV-RC10	Owner	Technology/Finance Lead
Category	Critical Operations & Dependencies	Frequency	Quarterly

Purpose: Defines recovery targets, backups, manual processing, contacts, dependencies, and restoration evidence for critical technology.

SERVICE

System/service	_____	Business owner	_____
Technical/vendor owner	_____	Critical function	_____
Operating window	_____	Data classification	_____

RECOVERY TARGET

Target recovery time (RTO)	_____	Maximum data loss (RPO)	_____
Backup method	_____	Backup frequency	_____
Restore order	_____	Acceptance owner	_____

CONTINUITY

Manual procedure	_____	Payment/offline limits	_____
Integration dependencies	_____	Vendor contact	_____
Last restore test	_____	Open action	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC10. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Emergency Action Plan

Tool ID	GRV-RC11	Owner	GM/Safety Lead
Category	Preparedness & Emergency Response	Frequency	Annual and at change

Purpose: Provides the location-approved emergency structure, reporting, evacuation, accountability, rescue/medical contacts, and plan owner.

PLAN CONTROL

Location	_____	Plan owner	_____
Approval date	_____	Effective date	_____
Posted/available at	_____	Next review	_____

REQUIRED ELEMENTS

Emergency reporting	_____	Evacuation procedures	_____
Critical operations before evacuation	_____	Employee accountability	_____
Rescue/medical duties	_____	Contact for plan questions	_____

ACTIVATION

Alarm/notification	_____	Emergency services	_____
Incident lead	_____	Assembly/accountability	_____
Assistance needs	_____	Reentry authority	_____

TRAINING

Roles trained	_____	Last drill	_____
Observed gap	_____	Immediate control	_____
Action owner	_____	Retest date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC11. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Life Safety & Evacuation Plan

Tool ID	GRV-RC12	Owner	Safety Lead
Category	Preparedness & Emergency Response	Frequency	Every 6 months and at change

Purpose: Documents alarms, routes, assembly points, assistance, accountability, shutdown limits, and reentry authority.

ROUTES

Alarm methods	_____	Primary exits	_____
Alternate exits	_____	Assembly point	_____
Alternate assembly	_____	Route map location	_____

PEOPLE

Accountability owner	_____	Guest movement	_____
Assistance/accessible evacuation	_____	Visitors/contractors	_____
Missing-person report	_____	No-reentry rule	_____

CONTROLS

Permitted shutdown role	_____	Prohibited shutdown actions	_____
Emergency services contact	_____	All-clear authority	_____
Last walk-through	_____	Action	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC12. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Severe Weather & Shelter Plan

Tool ID	GRV-RC13	Owner	Manager on Duty
Category	Preparedness & Emergency Response	Frequency	Seasonally and after drill

Purpose: Defines official alerts, shelter locations, guest and team movement, accountability, supplies, and all-clear authority.

ALERTING

Official alert sources	_____	Watch action	_____
Warning action	_____	Manager monitor	_____
Backup power/radio	_____	All-clear source	_____

SHELTER

Primary shelter	_____	Alternate shelter	_____
Capacity	_____	Accessible route/support	_____
Guest/team movement	_____	Accountability	_____

OPERATIONS

Cooking/equipment action	_____	Delivery/drive-through action	_____
Communication	_____	Supplies	_____
Closure criteria	_____	Last drill/action	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC13. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Fire, Utility Loss & Facility Emergency Plan

Tool ID	GRV-RC14	Owner	Manager on Duty
Category	Preparedness & Emergency Response	Frequency	Every 6 months

Purpose: Coordinates safe reporting, evacuation or closure, utility contact, preservation limits, and qualified restart.

EVENT

Fire/electrical/gas/ water/power/HVAC	_____	Location	_____
Detection/reporting	_____	Immediate life-safety action	_____
Emergency/utility contact	_____	Manager in charge	_____

OPERATIONAL CONTROL

Evacuate/shelter/ close	_____	Equipment shutdown authority	_____
Food/refrigeration protection	_____	Manual sales/payment rule	_____
Guest/team communication	_____	Access restriction	_____

RESTART

Qualified inspection	_____	Utility restored	_____
Food disposition	_____	Technology validation	_____
Authority approval	_____	Reopening decision	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC14. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Food Safety, Contamination & Product Withdrawal Response

Tool ID GRV-RC15
Category Preparedness & Emergency Response

Owner Food Safety Lead
Frequency Quarterly and at incident

Purpose: Connects authority instructions, isolation, disposition, traceability, notification, evidence, and reopening decisions.

EVENT/PRODUCT

Incident ID	_____	Hazard/complaint/notice	_____
Product/item	_____	Lot/date/supplier	_____
Locations	_____	Authority/source	_____

CONTAINMENT

Stop sale/use	_____	Isolate and label	_____
Trace quantity/location	_____	Preserve evidence/sample	_____
Clean/sanitize control	_____	Employee health action	_____

NOTIFICATION

Health authority	_____	Supplier/distributor	_____
Guests/recipients	_____	Insurer/legal review	_____
Approved message	_____	Notification record	_____

DISPOSITION/REOPEN

Destroy/return/hold authority	_____	Corrective action	_____
Verification	_____	Training	_____
Reopening approval	_____	Closure date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC15. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Continuity Strategy & Minimum Operations Plan

Tool ID	GRV-RC16	Owner	Owner/GM
Category	Continuity & Role Coverage	Frequency	Quarterly

Purpose: Defines safe minimum service, prioritized functions, triggers, resources, workarounds, limits, and return conditions.

STRATEGY

Scenario/trigger	_____	Critical functions	_____
Minimum service level	_____	Activation owner	_____
Duration assumption	_____	Risk limits	_____

MINIMUM OPERATIONS

Menu/service model	_____	Hours/capacity	_____
Minimum staffing	_____	Facility/utilities	_____
Technology/payment	_____	Supplier/inventory	_____

CONTROL

Workarounds	_____	Guest/team communication	_____
Stop condition	_____	Recovery handoff	_____
Approval	_____	Test/date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC16. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Backup Leadership & Role Coverage Plan

Tool ID	GRV-RC17	Owner	Owner/GM
Category	Continuity & Role Coverage	Frequency	Monthly

Purpose: Names trained alternates, authority limits, handoff information, activation rules, and coverage gaps for essential roles.

ESSENTIAL ROLE

Role	_____	Primary person	_____
First alternate	_____	Second alternate	_____
Required location	_____	Contact method	_____

COVERAGE

Authority transferred	_____	Restrictions	_____
Handoff records	_____	Systems/access	_____
Critical contacts	_____	Expected duration	_____

READINESS

Training complete	_____	Last simulation	_____
Availability confirmed	_____	Known gap	_____
Action owner	_____	Next check	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC17. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Emergency Staffing & Contact Tree

Tool ID	GRV-RC18	Owner	GM/People Lead
Category	Continuity & Role Coverage	Frequency	Monthly and at change

Purpose: Maintains permissioned emergency contacts, call order, role coverage, availability methods, and failed-contact escalation.

CONTACT TREE

Tree owner	_____	Activation trigger	_____
Primary channel	_____	Backup channel	_____
Call order	_____	Escalation time	_____

CONTACTS

Role/person	_____	Permission confirmed	_____
Primary contact	_____	Alternate contact	_____
Availability/status	_____	Failed-contact action	_____

STAFFING

Minimum roles	_____	Alternate source	_____
Transportation/access issue	_____	Schedule/payroll handoff	_____
Update frequency	_____	Next verification	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC18. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Crisis Communication & Stakeholder Plan

Tool ID	GRV-RC19	Owner	Owner/Communications Lead
Category	Continuity & Role Coverage	Frequency	Quarterly

Purpose: Prepares audiences, approved channels, message owners, holding statements, verification, access, and correction rules.

AUDIENCE

Audience/ stakeholder	_____	Information need	_____
Primary channel	_____	Alternate channel	_____
Message owner	_____	Approval authority	_____

MESSAGE CONTROL

Verified facts	_____	Unknowns stated	_____
Safety instruction	_____	Action/update time	_____
Privacy/ confidentiality	_____	Correction process	_____

PREPARED RESOURCES

Holding statement	_____	Employee message	_____
Guest message	_____	Supplier/landlord message	_____
Media/social rule	_____	Accessible/language support	_____

LOG

Sent by	_____	Date/time	_____
Recipients/channel	_____	Approval	_____
Response/issues	_____	Next update	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC19. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Alternate Site, Manual Workaround & Resource Plan

Tool ID	GRV-RC20	Owner	Operations Lead
Category	Continuity & Role Coverage	Frequency	Quarterly

Purpose: Documents approved alternate work locations, paper/manual processes, equipment, supplies, controls, and return steps.

ALTERNATIVE

Scenario	_____	Alternate site/process	_____
Owner	_____	Activation authority	_____
Capacity	_____	Maximum duration	_____

RESOURCES

People	_____	Equipment/supplies	_____
Utilities/facility	_____	Technology/data	_____
Payment/cash	_____	Records/forms	_____

CONTROLS

Food/safety limits	_____	Security/privacy	_____
Legal/insurance/landlord review	_____	Communication	_____
Return procedure	_____	Last test/action	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC20. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Incident Command & Decision Log

Tool ID	GRV-RC21	Owner	Incident Lead
Category	Recovery & Restart	Frequency	Per incident

Purpose: Creates one time-stamped record of incident objectives, roles, facts, decisions, approvals, communications, resources, and handoffs.

INCIDENT CONTROL

Incident ID	_____	Date/time opened	_____
Incident level	_____	Incident lead	_____
Command location/channel	_____	Current objective	_____

ROLES

Safety/operations	_____	Planning/information	_____
Logistics/resources	_____	Finance/documentation	_____
Communications	_____	Executive/authority liaison	_____

DECISION LOG

Date/time	_____	Verified fact	_____
Decision/action	_____	Decision owner	_____
Reason/authority	_____	Next checkpoint	_____

HANDOFF/CLOSE

Current status	_____	Unresolved risks	_____
Resources	_____	Communications due	_____
Handoff accepted by	_____	Closed/deactivated	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC21. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Damage, Loss & Initial Recovery Assessment

Tool ID	GRV-RC22	Owner	Incident/Finance Lead
Category	Recovery & Restart	Frequency	Per incident

Purpose: Records safe observations, affected assets and records, evidence, access restrictions, service impact, and immediate recovery needs.

ASSESSMENT CONTROL

Incident ID	_____	Date/time	_____
Assessor	_____	Access permission	_____
Safety restrictions	_____	Evidence location	_____

DAMAGE/LOSS

People impact	_____	Facility/equipment	_____
Food/inventory	_____	Technology/data	_____
Cash/payment	_____	Records/operations	_____

RECOVERY NEED

Immediate protection	_____	Qualified inspection	_____
Temporary facility/resource	_____	Supplier/vendor	_____
Financial estimate	_____	Priority/time	_____

DECISION

Safe/unsafe/limited	_____	Access owner	_____
Claim/report notice	_____	Action owner	_____
Next assessment	_____	Approval	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC22. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Technology/Data Disaster Recovery Runbook

Tool ID GRV-RC23
Category Recovery & Restart

Owner Technology Lead
Frequency Every 6 months and at incident

Purpose: Sequences authorized technology restoration, clean recovery, validation, access, integration, and business acceptance.

RUNBOOK CONTROL

Incident/system	_____	Technical lead	_____
	_____		_____
Business owner	_____	Authorized by	_____
	_____		_____
Known compromise	_____	Recovery objective	_____
	_____		_____

RECOVERY SEQUENCE

Contain/isolate	_____	Preserve evidence	_____
	_____		_____
Select clean backup	_____	Restore priority	_____
	_____		_____
Patch/credential actions	_____	Reconnect integrations	_____
	_____		_____

VALIDATION

Data integrity	_____	Access/permissions	_____
	_____		_____
Payment/process	_____	Interface/reconciliation	_____
	_____		_____
Security monitoring	_____	Business acceptance	_____
	_____		_____

CLOSURE

RTO achieved	_____	RPO achieved	_____
	_____		_____
Exceptions	_____	Evidence	_____
	_____		_____
After-action	_____	Next restore test	_____
	_____		_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
	_____		_____
Decision/action	_____	Next review	_____
	_____		_____

Control note: Use the approved version of GRV-RC23. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Phased Restart & Reopening Plan

Tool ID	GRV-RC24	Owner	Owner/GM
Category	Recovery & Restart	Frequency	Per restart and annual drill

Purpose: Uses defined gates for safety, authority, people, facility, utilities, food, technology, suppliers, communication, and monitoring.

RESTART PHASE

Phase	_____	Scope/capacity	_____
Decision owner	_____	Target date/time	_____
Monitoring period	_____	Rollback trigger	_____

GATES

Life safety/facility	_____	Authority/insurance	_____
Utilities/equipment	_____	Food safety/inventory	_____
People/training	_____	Technology/payment	_____

OPERATIONS

Supplier/delivery	_____	Menu/service	_____
Guest/team communication	_____	Cash/finance	_____
Security/access	_____	Documentation	_____

APPROVAL

Gate status	_____	Open restriction	_____
Temporary control	_____	Approved by	_____
Next review	_____	Full recovery date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC24. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Recovery Financial & Documentation Log

Tool ID GRV-RC25
Category Recovery & Restart

Owner Finance Lead
Frequency Per incident through closure

Purpose: Tracks losses, extra expense, refunds, payroll, repairs, claims, supporting records, approvals, and recovery status.

COST/LOSS

Incident ID	_____	Date	_____
Category	_____	Description	_____
Amount/estimate	_____	Cost center/location	_____

EVIDENCE

Invoice/receipt	_____	Photo/report	_____
Payroll/schedule	_____	Inventory record	_____
Guest refund/credit	_____	Secure record path	_____

RECOVERY

Policy/claim/grant	_____	Notice date	_____
Claim/reference	_____	Submitted amount	_____
Recovered amount	_____	Status	_____

CONTROL

Approved by	_____	Accounting entry	_____
Open question	_____	Owner	_____
Due date	_____	Final close	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC25. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Tabletop Exercise Planner

Tool ID	GRV-RC26	Owner	Continuity Lead
Category	Testing, Learning & Renewal	Frequency	Quarterly

Purpose: Designs a safe discussion exercise with objectives, scenario, participants, injects, evaluation measures, and no-fault learning rules.

EXERCISE DESIGN

Exercise ID	_____	Scenario	_____
Objectives	_____	Scope/location	_____
Facilitator	_____	Date/duration	_____

PARTICIPANTS

Incident roles	_____	Backup leaders	_____
Observers/evaluators	_____	External participants	_____
Briefing	_____	Safety/no-fault rule	_____

SCENARIO FLOW

Starting condition	_____	Inject 1	_____
Inject 2	_____	Inject 3	_____
Expected decisions	_____	Stop/real-world emergency rule	_____

EVALUATION

Measures	_____	Evidence captured	_____
Hotwash	_____	After-action owner	_____
Corrective action due	_____	Next exercise	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC26. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Continuity Test & Drill Evaluation

Tool ID	GRV-RC27	Owner	Independent Evaluator
Category	Testing, Learning & Renewal	Frequency	Per exercise

Purpose: Evaluates notification, decisions, life safety, workarounds, role coverage, recovery, evidence, and corrective needs.

EXERCISE/TEST

Exercise ID	_____	Type	_____
Date	_____	Evaluator	_____
Participants	_____	Objectives	_____

PERFORMANCE

Notification	_____	Life safety	_____
Incident roles	_____	Minimum operations	_____
Communications	_____	Recovery/restart	_____

RESULTS

Objective met	_____	Time achieved	_____
Workaround worked	_____	Role coverage worked	_____
Evidence complete	_____	Unexpected issue	_____

ACTION

Strength	_____	Gap	_____
Priority	_____	Owner	_____
Due date	_____	Retest date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC27. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

After-Action Review

Tool ID	GRV-RC28	Owner	Incident/Exercise Lead
Category	Testing, Learning & Renewal	Frequency	Within 10 business days

Purpose: Captures what happened, what worked, what failed, contributing conditions, lessons, and approved changes.

REVIEW

Incident/exercise ID	_____	Date	_____
Facilitator	_____	Participants	_____
Scope	_____	Evidence reviewed	_____

WHAT HAPPENED

Timeline	_____	Objectives/expected result	_____
Actual result	_____	Key decisions	_____
Impacts	_____	Recovery status	_____

LEARNING

What worked	_____	What failed	_____
Contributing conditions	_____	Plan/SOP gap	_____
Training/role gap	_____	Dependency/resource gap	_____

CHANGE

Immediate correction	_____	System change	_____
Owner	_____	Due date	_____
Verification	_____	Communication/renewal	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC28. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Corrective Action & Readiness Scorecard

Tool ID	GRV-RC29	Owner	Owner/GM
Category	Testing, Learning & Renewal	Frequency	Monthly

Purpose: Prioritizes improvements and scores readiness using evidence, due dates, owners, verification, and residual exposure.

READINESS PERIOD

Month/as-of date	_____	Location	_____
Prepared by	_____	Reviewer	_____
Prior score	_____	Current score	_____

DIMENSIONS

Risk ownership	_____	Life safety	_____
Critical operations	_____	People/role coverage	_____
Suppliers/utilities	_____	Technology/data	_____

MORE DIMENSIONS

Crisis communication	_____	Recovery/restart	_____
Testing/learning	_____	Open critical risks	_____
Overdue plans/actions	_____	Unverified backups	_____

PRIORITY ACTIONS

Action	_____	Risk reduced	_____
Owner	_____	Due date	_____
Evidence	_____	Verified by/date	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC29. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.

Annual Risk & Continuity Renewal & 180-Day Roadmap

Tool ID	GRV-RC30	Owner	Owner/GM
Category	Testing, Learning & Renewal	Frequency	Annual with 180-day reset

Purpose: Renews the risk picture, plans, contacts, tests, priorities, resources, and proof for the next operating cycle.

ANNUAL REVIEW

Year/date	_____	Locations	_____
Owner	_____	Review team	_____
Incidents/exercises reviewed	_____	Approvers	_____

RENEWAL

Risk register	_____	Critical operations/BIA	_____
Emergency plans	_____	Contacts/role coverage	_____
Technology recovery	_____	Insurance/external support	_____

180-DAY ROADMAP

Priority 1	_____	Priority 2	_____
Priority 3	_____	Not doing	_____
Resources/budget	_____	Review gates	_____

PROOF

Risk reduced	_____	Recovery target tested	_____
Backup leadership tested	_____	Restart gate tested	_____
Actions closed	_____	Next annual renewal	_____

MANAGEMENT REVIEW

Reviewed by	_____	Review date	_____
Decision/action	_____	Next review	_____

Control note: Use the approved version of GRV-RC30. Immediate life safety and official instructions override this form. Reference restricted evidence securely; do not record passwords, full payment-card data, alarm codes, or unnecessary personal information.