

END-OF-SHIFT VERIFICATION SHEET

Close the loop tonight so tomorrow does not inherit preventable chaos.

Date: _____	Manager: _____	Shift: _____	Close Time: _____
VERIFICATION BEFORE LEAVING			
Area	Verified?	Evidence / Exception	Owner / Follow-up
Critical prep / stock	☐ Yes ☐ No	Tomorrow-critical items identified; shortages assigned.	
Closing standards	☐ Yes ☐ No	Cleaning, breakdown, reset, and security verified.	
Food safety	☐ Yes ☐ No	Temperature, storage, labeling, sanitation, discard issues closed.	
Equipment / maintenance	☐ Yes ☐ No	Failures logged; emergency vs. nonurgent status clear.	
Guest recovery / comps	☐ Yes ☐ No	Open guest issues documented and handed off.	
Cash / controls	☐ Yes ☐ No	Required manager controls completed per operation policy.	
Schedule / staffing	☐ Yes ☐ No	Call-outs, gaps, training needs, or start-time risks noted.	
Next-shift handoff	☐ Yes ☐ No	Opening manager can understand what changed without guessing.	
SHIFT LEARNING			
What hurt us tonight?		Why did it happen?	
What did we make unnecessarily hard?		What changes before the next comparable shift?	
Who owns the change?		When will it be verified?	
MANAGER SIGN-OFF			
Manager Signature: _____		Time: _____	Next Manager Notified: ☐ Yes ☐ N/A