



# Operation Standards Review

Restaurant Location: \_\_\_\_\_

Person-In-Charge: \_\_\_\_\_

Restaurant Number: \_\_\_\_\_

Date: \_\_\_\_\_



**Complete an Operation Standards Review on each restaurant a minimum of once per period. If a Restaurant Operations Assessment is completed within the period, an Operation Standards Review is not required. Use the QSC Standards Manual when completing this form!**

1. Taste & Flavor of Food <input type="checkbox"/> Yes / <input type="checkbox"/> No	
2. Fresh Ingredients <input type="checkbox"/> Yes / <input type="checkbox"/> No	8. Speed of Service <input type="checkbox"/> Yes / <input type="checkbox"/> No
3. Temperature of Food <input type="checkbox"/> Yes / <input type="checkbox"/> No	9. Suggestive Selling <input type="checkbox"/> Yes / <input type="checkbox"/> No
4. Product Presentation <input type="checkbox"/> Yes / <input type="checkbox"/> No	10. Facility Appearance & Maintenance <input type="checkbox"/> Yes / <input type="checkbox"/> No
5. Guest Engagement <input type="checkbox"/> Yes / <input type="checkbox"/> No	11. Employee Appearance <input type="checkbox"/> Yes / <input type="checkbox"/> No
6. Friendliness <input type="checkbox"/> Yes / <input type="checkbox"/> No	12. Restaurant & Restroom <input type="checkbox"/> Yes / <input type="checkbox"/> No
7. Order Accuracy <input type="checkbox"/> Yes / <input type="checkbox"/> No	13. Image & Environment <input type="checkbox"/> Yes / <input type="checkbox"/> No

# Action Plan

Restaurant Situation Analysis			
What's Right?		Opportunities	
Why? Summarize the analysis		Why? Summarize the analysis	
Objectives			
What needs to happen? By when?			
Strategies			
What are the ways to achieve the objectives? Identify several ways, then choose the best.			
Plans – Action Steps			
Who will do what by when to achieve the objective(s)?			
Details	By Who?	Date Completed	Follow Up
Tracking – Measuring Results			
Is the plan working? Did the restaurant achieve the objective(s)?			
Notes and comments . . .			