

Kitchen Health Check

A prescription to your success...



The "Pulse" of your Kitchen:

- It all starts with ME
- Choose 1 – 2 Actions
- Plan - with Follow Up

Step 1 – Complete monthly (Supervisor, GM and/or Kitchen Manager)

Step 2 – Answer question, either Yes (Y) or No (N)

Step 3 – Decide if you should Fix it Now (FN) or add this to the Action Plan (AP) – (*Prescription to your success*)

Step 4 – Determine if the root cause for any 'No' answers is Knowledge, Resources or Motivation (K/R/M)

Key Success Areas		Y/N	FN/AP	K/R/M
Food Safety	Was Food Safety completed correctly today? Check 60 days if needed.			
	During your observations was food safety always handled properly?			
People	A system in place to have a Production Leader when 2 or more are in the kitchen?			
	Did the Production Leader do a Pre-Shift ?			
	Is the grill staffed effectively for all dayparts? If not, what daypart and plan?			
	Right # of Staff & People positioned appropriate for sandwich ranges ?			
	Did crew follow procedures correctly? – note training needs separately			
Equipment	Ask 3 grill members is equipment working ? _____			
	Grill Certification #1 _____ #2 _____ #3 _____			
	Equipment in the right place? (BWS) (coolers/freezers have thermometers)			
	Small Equipment Minimums? Franke H&K			
	Fryer Recovery – Routine in Place - Boil-Out & Filtered Daily			
Be Well Served (BWS) Book	Grill Recovery Routine in Place (date of last recovery) _____ No Carbon Build Up – remove one Teflon - quality of Teflon's and platen			
	Blade Changing Routine in Place - i.e., every Thursday			
	KVS Monitors (Beep) & Bump Bars working and in proper place? (BWS)			
	Grill Printers in right place and working? (BWS)			
	Label Maker used correctly & current version? NABIT Site			
Product	Taste a couple of products – are they gold standard?			
	Bake/Prep chart used correctly – no products made during the Peak?			
	Prep person(s) – correctly used and trained?			
	R2D2 in place – new ½ hour charts? UHC set-up for success			
	HOTG dialed in for Quality? Check Gap Setting / Go-No Go Tool Video			

Prescriptions to your Success - Choose 1 to 2 on above outcomes

Action 1: _____

Who will own & write a plan: _____

Attach plan & start date: _____

Follow up of Previous Health Check Action:

Action 2: _____

Who will own & write a plan: _____

Attach plan & start date: _____

Follow up of Previous Health Check Action:

Have Feedback – [Stupid Rules Committee](#)