Courier and Delivery Control Form

Customers, service, and delivery · Daily

Shift details

Business name

Date

Courier

Shift time

Vehicle / motorcycle

Number of deliveries (day end)

Dispatch preparation

Question	Yes	No	Initials	Notes
Is the thermal bag clean and working?	☐	☐		
Are hot and cold products separated in the bag?	☐	☐		
Can the courier see the Ritapos or platform list?	☐	☐		
Are the address, telephone number, and floor number on the ticket?	☐	☐		
Is the payment method (online / at the door) correct?	☐	☐		
Is the receipt or check in the bag?	☐	☐		
Are the helmet, bag strap, and telephone charge ready?	☐	☐		

Delivery and closing

Question	Yes	No	Initials	Notes
Was the delivered order closed on the list?	☐	☐		
If payment was collected at the door, did it match the checkout record?	☐	☐		
Was a return or an address that could not be found recorded on the form?	☐	☐		
Was the marketplace order not written down a second time?	☐	☐		
Are there no open delivery orders?	☐	☐		
Is the bag empty and clean at day end?	☐	☐		

Returns, delays, and address notes

Signature

Courier signature _____ Cashier / manager _____ Time _____

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.