Reservation Record Form

Customers, service, and delivery · Daily

Day details

Business name

Date

Host / cashier

Total reservations

Reservations

Time	Name	Party size	Telephone	Notes / allergens	Arrived

Before service

Question	Yes	No	Initials	Notes
Was the list shared with the kitchen?	☐	☐		
Were allergen notes given to the chef?	☐	☐		
Was the table plan entered for the area?	☐	☐		
Were no-shows marked?	☐	☐		
Does the Ritapos list match the paper?	☐	☐		

Special requests and no-shows

Signature

Host signature

Manager signature

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.