

**MLY OAR ACTION PLAN**

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| **TODAY’S DATE** |  | **DATE OF AUDIT** |  | **ACTION PLAN DUE DATE** |  | **STORE #** |  |

#

# AREAS OF IMPROVEMENT

List all areas that were marked for needs improvement on your Cleanliness Evaluation.

***FOOD SAFETY***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***TRAINING***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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| ***\\***Patio Furniture**AREA** |
| Select Area |

***EXTERIOR***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***DINING ROOM***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***RESTROOMS***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***COLDLINE***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***HOTLINE***

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***BOH AREA***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***WALK INS***

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| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
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***SPECS***

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***HOSPITALITY***

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# PROGRESS MONITORING

Provide an evaluation schedule to monitor progress of completing this action plan.

## **FOLLOW-UP SCHEDULE**

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| **DATE SCHEDULED** | **ACTIVITY** | **CONDUCTED BY** | **DATE COMPLETED** |
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