

Restaurant Wastage Report Form

Restaurant Name

Name: _____

Address: _____

Date: _____

Prepared By: _____

Wastage Summary

Provide detailed information on food and other waste generated during the specified period.

| Date | Food Item | Quantity Wasted (lbs/kg) | Reason for Wastage | Employee Responsible |
|------|-----------|--------------------------|--------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Action Taken

Describe actions taken to minimize future wastage:

Manager's Signature

Name: _____

Signature: _____

Date: _____