

The Restaurant Shortlist Checklist

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Define the job first. Compare a small shortlist using evidence that answers different questions.

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THE JOB THIS RESTAURANT NEEDS TO DO

Occasion: _____ Date / time: _____ Party size: _____ Budget per person: _____

Non-negotiable 1: _____ Non-negotiable 2: _____

WHAT TO CHECK	OPTION A	OPTION B	OPTION C	OPTION D
Restaurant / contact Name, website or phone	_____	_____	_____	_____
Travel + timing Journey, parking, last order	_____	_____	_____	_____
Menu fit Suitable choice for everyone?	_____	_____	_____	_____
Likely total per person Include sides, drinks, service	_____	_____	_____	_____
Official hygiene record Rating + inspection date	_____	_____	_____	_____
Recent review patterns Repeated specifics, not applause	_____	_____	_____	_____
Noise, pace + atmosphere Right for this occasion?	_____	_____	_____	_____
Access / group practicalities Steps, toilets, children, dogs	_____	_____	_____	_____
Booking terms Deposit, cancellation, table return	_____	_____	_____	_____
Meets both non-negotiables If no, remove it	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SHORTLIST RULE

Do not total these into a fake score. Remove options that fail a non-negotiable, then take the strongest two to page 2.

Verify the Finalists

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Confirm details that listings and star ratings cannot reliably answer. Record who told you what, and when.

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FINALIST A: _____ FINALIST B: _____

LIVE VERIFICATION	FINALIST A	FINALIST B
Opening + kitchen hours Confirm for the exact date and service	_____	_____
Menu availability Any essential dish or substitution?	_____	_____
Realistic total Sides, drinks, service charge, minimum spend	_____	_____
Booking restrictions Deposit, cancellation, table-return time	_____	_____
Allergy process Named allergen, cross-contact, shared fryer/oil	_____	_____
Accessibility specifics Route, steps, door, toilet, table height	_____	_____
Group / child / dog policy Check it applies to this service	_____	_____
Payment Accepted cards, cash policy, service included?	_____	_____
Call / message record Date, time, staff member, key wording	_____	_____

ALLERGY SAFETY: STOP IF THE ANSWERS ARE VAGUE OR CONTRADICTORY

Name the allergen and ask about cross-contact. Reconfirm with the server or manager on arrival; a review is not a safety check.

FINAL CHOICE + ONE CLEAR REASON

Restaurant: _____

Why it fits: _____

BOOKING RECORD

Date / time: _____ Party: _____

Confirmation / deposit: _____ Deadline noted ☐