

A B O U T F A C E

TEMPLATE - COMPLIANCE AUDIT

Location: ⚠ Invalid Location: Cannot be blank

Shopper: dhartsfi2 Hartsfield, Dacey [ID: 444143]

Date: Month / Day / 2020 ⚠ Invalid Date: Cannot be blank

Time: HH : MM ⚠ Invalid Time: Cannot be blank

BRAND STANDARDS

EXTERIOR

1. SIGNAGE: Was the open sign visible and turned on? (required) N/A

- Yes
 No

2. GLASS: Were glass doors and windows clean and free of smudges? (required) N/A

- Yes
 No

Upload a photo of the glass doors and windows. (required)

 Auditor: Photos are required. Failure to upload a photo will result in rejection and you will not be paid!
Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question

N/A Yes

3. OVERALL EXTERIOR: On a scale of 0-10, please rate how clean and presentable the EXTERIOR of the store was during your visit. (required)

 Auditor: 0 = Not at all; 5 = Neutral; 10 = Extremely
 N/A 0 1 2 3 4 5 6 7 8 9 10

Please explain the condition of the exterior.

 Auditor: All 'NO' answers must be explained in detail.
 N/A

Upload a photo of the exterior. (required)

 Auditor: Photos are required. Failure to upload a photo will result in rejection and you will not be paid!
Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question
 N/A Yes

INTERIOR

1. COUNTER: Was the front counter clean and free of clutter? (required) N/A

- Yes
 No

Upload a photo of the front counter. (required)

 Auditor: Photos are required. Failure to upload a photo will result in rejection and you will not be paid!
Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question
 N/A Yes

2. TEMPERATURE: Was the temperature inside comfortable? (required)

 Auditor: If you felt uncomfortable, you must request to see the thermostat and record the temperature setting. N/A
 Yes
 No

3. ACCESSORIES: Were accessories:

A. Dust-free? (required) **N/A**

Yes

No

B. Priced? (required) **N/A**

Yes

No

C. Well Stocked? (required) **N/A**

Yes

No

Upload a photo of the accessories.

 **Auditor:** Photos are required. Failure to upload a photo will result in rejection and you will not be paid!

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question

N/A **Yes**

4. COLLATERAL: Was collateral visible and available?

 **Auditor:** Cards and collateral can be found at the front counter, coffee table, and/or side table by chairs. All places are appropriate.

A. Were store cards visible? (required) **N/A**

Yes

No

B. Were feedback cards visible? (required) **N/A**

Yes

No

C. Were franchise cards visible? (required) **N/A**

Yes

No

5. ARTWORK: Was all displayed interior and exterior artwork and signage approved? (required) **N/A**

Yes

No

Upload a photo of the artwork.

N/A **Yes**

6. FIXTURES: Was the accessory wall and front counter brand-approved? (required)

 **Auditor:** Please see click here [link to doc] to view examples included on the Image Reference Guide. **N/A**

Yes

No

7. LIGHTS: Were all front lobby lights on and working? (required) **N/A**

Yes

No

Please upload a photo of the front lobby.

 **Auditor:** Photos are required. Failure to upload a photo will result in rejection and you will not be paid!

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question

N/A **Yes**

8. OVERALL INTERIOR: On a scale of 0-10, please rate how clean and presentable the INTERIOR of the store was during your visit. (required)

 **Auditor:** 0 = Not at all; 5 = Neutral; 10 = Extremely

N/A **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

Please explain the condition of the Interior.

 **Auditor:** All 'NO' answers must be explained in detail. **N/A**

Upload a photo of the interior.

 Auditor: Photos are required. Failure to upload a photo will result in rejection and you will not be paid!

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question

N/A Yes

OPERATIONS MANAGEMENT ACCOUNTABILITY

1. HOURS: Did the store open at the posted time? (required)

 Auditor: Please choose Yes if the store opens early or on time. Select No only if the store opens later than the posted time. N/A

Yes

No

2. STAFFING:**A. How many Associates were working? (required) N/A****B. Was the store properly staffed? (required)**

 Auditor: The store is considered properly staffed if there were enough Associates to handle the store traffic. N/A

Yes

No

3. DRESS CODE: Were all Associates wearing a uniform? (required)

 Auditor: Please see examples of proper uniform below: N/A

Yes

No

4. PART STOCK: What parts were shown on the URL link for evaluation?

 Auditor: For each part shown on the URL, please enter: Item Name / Item Number / Availability

PART 1:

 Auditor: Enter the part information as in the example: LG Glass / LCD / White / 11029

N/A

PART 2:

 Auditor: Enter the part information as in the example: LG Glass / LCD / White / 11029

N/A

PART 3:

 Auditor: Enter the part information as in the example: LG Glass / LCD / White / 11029

N/A

A. In store, did you find the same number of parts as you saw on the URL? (required) N/A

Yes

No

B. Was there a label on each part? (required) N/A

Yes

No

C. Did the label match the item number? (required)

N/A Yes No

5. WORKORDER 1: Please list the details for Work Order 1:

 Auditor: For each part shown on the URL, please enter: Customer Last Name / Device Name / Sale ID / Status

WORKORDER 1:

 Enter the workorder information as in the example: Hodenfield / iPhone 6 black / 1506544 / Repaired – RFP

Auditor: You must ask the Associate to see the work orders and items listed on the URL

N/A

A. How long did it take for the Associate to provide the first device? (required) N/A

- Under 30 seconds
- 30 - 60 seconds
- 60-90 seconds
- Over 90 seconds

B. Did the device presented match what was on the Work Order? (required)

 Auditor: If the work order is for an 1-Phone 6S – black, the device provided must match exactly the description listed on the work order.

N/A

Yes

No

C. Did the device have a label or Work Order Receipt? (required) N/A

- Yes
- No

Comment:

D. Did the Customer Last Name on the device match the Work Order? (required) N/A

- Yes
- No

E. Did the Sales ID on the device match the Work Order? (required) N/A

- Yes
- No

F. Was the device clean and presentable? (required) N/A

- Yes
- No

G. When the Associate demonstrated functionality, did everything work properly? (required) N/A

- Yes
- No

6. WORKORDER 2: Please list the details for Work Order 2:

 Auditor: For each part shown on the URL, please enter: Customer Last Name / Device Name / Sale ID / Status

WORKORDER 2:

 Enter the workorder information as in the example: Hodenfield / iPhone 6 black / 1506544 / Repaired – RFP

N/A

A. How long did it take for the Associate to provide the first device? (required) N/A

- Under 30 seconds
- 30 - 60 seconds
- 60-90 seconds
- Over 90 seconds

B. Did the device presented match what was on the Work Order? (required)

 Auditor: If the work order is for an 1-Phone 6S – black, the device provided must match exactly the description listed on the work order.

N/A

Yes

No

C. Did the device have a label or Work Order Receipt? (required) **N/A**

- Yes**
- No**

D. Did the Customer Last Name on the device match the Work Order? (required) **N/A**

- Yes**
- No**

E. Did the Sales ID on the device match the Work Order? (required) **N/A**

- Yes**
- No**

F. Was the device clean and presentable? (required) **N/A**

- Yes**
- No**

G. When the Associate demonstrated functionality, did everything work properly? (required) **N/A**

- Yes**
- No**

7. WORK STATION CLEANLINESS: Were workstations:

 *Auditor: Please see click here [link to doc] to view examples included on the Image Reference Guide. For any of the below, if some workstations were set up properly and others were not, please answer 'somewhat.'*

A. Clean? (required) **N/A**

- Absolutely**
- Somewhat**
- No**

B. Clutter-free? (required) **N/A**

- Absolutely**
- Somewhat**
- No**

8. WORK STATION SET UP: Were workstations set up with:

 *Auditor: Please see click here [link to doc] to view examples included on the Image Reference Guide. For any of the above, if some workstations were set up properly and others were not, please answer 'somewhat.'*

A. ESD Anti-static Mats? (required) **N/A**

- Yes**
- Somewhat**
- No**

B. Straps? (required) **N/A**

- Yes**
- Somewhat**
- No**

Upload a photo of the work station(s).

 *Auditor: Please see click here [link to doc] to view examples included on the Image Reference Guide.*

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question.

- N/A**
- Yes**

9. VOICEMAIL BOX: While in the store, when you asked to see the Voicemail Box, how many Voicemails were there?

- N/A**

10. DEVICE RACK:

 *Auditor: Please see click here [link to doc] to view examples included on the Image Reference Guide.*

A. Was the device rack clean and organized? (required) **N/A**

- Yes**
 No

B. Were any devices missing labels or WO receipts? (required) **N/A**

- Yes**
 No

Upload a photo of the device rack.

 **Auditor:** Please see click here [link to doc] to view examples included on the Image Reference Guide.

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question.

N/A **Yes**

11. PARTS RACK / BINS: On a scale of 0-10, please rate how clean and presentable the BACK OF HOUSE (Behind the Counter) of the store was during your visit. (required)

 **Auditor:** Please see click here [link to doc] to view examples included on the Image Reference Guide. **N/A**

- Yes**
 No

Upload a photo the parts rack / bins.

 **Auditor:** Please see click here [link to doc] to view examples included on the Image Reference Guide.

Auditor: After you have uploaded your photo, please select "YES" before moving on to the next question.

N/A **Yes** (1 pt) **No** (0 pts)

12. OVERALL BACK OF HOUSE: On a scale of 0-10, please rate how clean and presentable the BACK OF HOUSE (Behind the Counter) of the store was during your visit. (required)

 **Auditor:** 0 = Not at all; 5 = Neutral; 10 = Extremely

N/A **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

CUSTOMER EXPERIENCE

PHONE CALLS

1. SCENARIO: Which scenario did you present for your phone call?

 **Auditor:** Click Here [Link] for scenarios and suggested dialogue.

N/A

2. SYSTEM EFFECTIVENESS: Was the telephone system working effectively during your call? (required) **N/A**

- Yes**
 No

3. RINGS: Was your phone call answered within 3 rings or less? (required) **N/A**

- Yes**
 No

4. GREETING: Did the Associate use the correct greeting? (required) **N/A**

- Yes**
 Somewhat
 No

5. PRICE MATCH GUARANTEE: At any point during the call, did the Associate mention a Price Match Guarantee? (required)

- N/A**
 Yes
 No

6. STORE LOCATION AND DIRECTIONS: Did the Associate provide the store's location and accurate directions? (required) **N/A**

- Yes, Both**
 Yes, but directions were not accurate
 No

7. CLOSE THE SALE: Did the Associate try to forward the sale? (required) **N/A**

- Yes
- No

8. APPRECIATION: Did the Associate thank you for calling? (required)

 Auditor: This could be in the greeting or as a farewell or both. Example: "Thank you for calling!" **N/A**

- Yes
- No

Please explain the phone call.

 Auditor: Please explain how the Associate addressed your scenario. All 'NO' answers must be explained here.

N/A

WALK-INS

1. # OF CUSTOMERS: How many customers entered the store during your visit?

N/A

2. INITIAL GREETING TIME: Was each customer greeted within 15 seconds upon entering the store? (required)

 Auditor – If the Associate was assisting another customer upon your arrival, direct eye contact, a smile, a look of acknowledgement and/or stating "I'll be right with you" would constitute a greeting.

Please mark 'SOMETIMES' if the Associate greeted some customers but not others, and please factor in how the Associate greeted you. For example, if you were not greeted, the answer would be 'NO.' **N/A**

- Yes
- Sometimes
- No

3. GREETING: Did Associate greet customers with a smile and a warm welcome? (required) **N/A**

- Yes
- Sometimes
- No

4. DISCOVERY: Did the Associate ask what happened with the device? (required) **N/A**

- Yes
- Sometimes
- No

5. COMMUNICATION: Did the Associate explain the repair process in an easy to understand way? (required) **N/A**

- Yes
- Sometimes
- No

6. TEST FUNCTIONALITY: Did the Associate fully test the functionality of each customer's device while you were present? (required) **N/A**

- Yes
- Sometimes
- No

7. ACCESSORIES: Once the repair was determined to be satisfactory, did the Associate ask all customers if they wanted or needed anything else? (required) **N/A**

- Yes
- Sometimes
- No

8. WARRANTY: Did the Associate mention or explain the 90 Day Warranty? (required) N/A

- Yes
- Sometimes
- No

Please explain the Associate's interactions with customers during your visit. All 'NO' answers must be explained here.

N/A

THE BOTTOM LINE

1. ASSOCIATES: On a scale of 0-10, please rate the overall friendliness and attitude of the Associates you interacted with, both over the phone and while in the store. (required)

 Auditor: 0 = Not at all; 5 = Neutral; 10 = Extremely

N/A 0 1 2 3 4 5 6 7 8 9 10

2. RECOMMEND: On a scale of 0-10, how likely would you be to recommend this company to a friend or family member? (required)

 0 = Extremely Unlikely; 10 = Extremely Likely

N/A 0 1 2 3 4 5 6 7 8 9 10

Please explain the reason you chose this score.

N/A

Editor Info

WOW: Choose YES if the service at this location stood out as so exemplary that someone in Senior Management must be told about it.

Yes No

N/A

RISK: Check this box if something so off the wall happened that someone in Senior Management must be told about it.

Yes No

N/A

Was this survey edited by a Junior editor? If yes, please mark "YES" and add your initials to the comment box.

N/A Yes

N/A

Was this survey edited by only a Senior Editor? If yes, please mark "YES" add your initials to the comment box.

N/A Yes

N/A

Junior Fee

 DO NOT EDIT

0 2.30 2.50 2.60 3.00 3.35 4.00 4.25 4.45 5.75

Senior Fee

 DO NOT EDIT

0 1.60 1.70 2.00 2.40 2.50 2.60 2.75 3.00 3.40 3.50 3.75 5.05

Senior Only Fee

 DO NOT EDIT

0 2.00 2.40 2.50 3.25 3.40 3.50 3.90 4.30 4.50 4.60 4.90 5.00 5.75 6.00 6.50