



TEMPLATE - RESTAURANT - FAMILY DINING

Location: **⚠ Invalid Location: Cannot be blank**

Shopper: Hartsfield, Dacey [ID: 444143]

Date: / / **⚠ Invalid Date: Cannot be blank**

Time: : **⚠ Invalid Time: Cannot be blank**



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AboutFace goes the extra mile to provide quality data to our clients. In an effort for us to approve and process your report promptly, please make sure you have included all of the following when submitting your evaluation:

- Date and time listed on top of report is the date and start time of the on-site evaluation
- Name of Telephone Representative
- Name of Bartender
- Purchase of AT LEAST two alcoholic drinks
- Evaluation conducted during required date/timeframe
- ALL "No" answers explained in comments
- Receipt uploaded to report
- Report submitted by midnight on day of evaluation

Failure to provide the above items may result in a \$5 penalty if your report can not be submitted without being returned for clarification. All missing POV's are subject to a \$2 processing fee, and evaluator grading may be impacted.

(required)

I verify that I understand all of the above

EVALUATOR PROFILE

EVALUATOR: The questions in this section are optional. Please only answer to your comfort level.

1. GENDER: What is your gender? **(required)**

N/A Male Female

2. AGE: Please select your age group. **(required)** N/A

3. INCOME: Please select your annual household income. *(required)* N/A

TELEPHONE EXPERIENCE

This portion of the report evaluates the level of customer service received by customers over the telephone.

Telephone Representative's Name:

N/A

4. URGENCY: Was your call answered within three rings? *(required)*

N/A Yes No

5. GREETING: Did you receive an enthusiastic, friendly greeting? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

ENVIRONMENT/ATMOSPHERE

Exterior

6. PARKING: Was the parking lot safe, well lit and easy to access? *(required)*

N/A Yes No

7. SIGNAGE(EXT):

A. Did the exterior signage look professional and appealing? *(required)*

N/A Yes No

B. Did the exterior signage make it easy for you to locate the restaurant? *(required)*

N/A Yes No

Please explain this section's answers here:

N/A

Interior

8. FOYER: Was the foyer/lobby area clean and inviting? *(required)*

N/A Yes No

9. DINING AREA: Were the dining areas clean and free of litter? *(required)*

N/A Yes No

10. BAR: Was the bar/lounge area clean and inviting? *(required)*

N/A Yes No

11. RESTROOMS:

A. When you visited the restrooms, did they appear clean and routinely cared for? *(required)*

N/A Yes No

B. Were there adequate supplies? *(required)*

N/A Yes No

12. FURNISHINGS: Were ledges, walls, decorations and air vents clean and free of dust? *(required)*

N/A Yes No

13. COMFORT:

A. Was the overall environment comfortable in terms of temperature? *(required)*

N/A Yes No

B. Was the overall environment comfortable in terms of music selection and volume? *(required)*

N/A Yes No

C. Was the overall environment comfortable in terms of lighting? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

FRONT DOOR HOSPITALITY

Was a host/hostess on duty? *(required)*

 **SHOPPER: If there was no host/hostess, please answer all the questions in this section N/A.**

Yes No

Host/Hostess's Name:

Host/Hostess's Description:

A. Gender: *(required)*

N/A Male Female

B. Height: *(required)*

N/A Short Average Tall

C. Hair Length: *(required)*

N/A Short Medium Long None

D. Hair Color: *(required)*

N/A Brown Black Grey Red Blonde Other

E. Glasses: *(required)*

N/A Yes No

F. Other Descriptor:

N/A

14. ENTHUSIASM: Did the host/hostess give you an enthusiastic welcome? *(required)*

N/A Yes No

15. COURTESY: Was the host/hostess courteous, and did he/she present a pleasant demeanor? *(required)*

N/A Yes No

16. ATTIRE: Was the host/hostess dressed appropriately (neat and clean)? *(required)*

N/A Yes No

17. ACCOMMODATION: If you had any special requests, did the host/hostess graciously attempt to accommodate you? *(required)*

N/A Yes No

18. WAIT TIME:

A. If there was a wait for seating, how long was the wait?

N/A 5 minutes or less 6-10 minutes 11-15 minutes 16-20 minutes 21-25 minutes 26-30 minutes
 31-40 minutes 41-50 minutes 51-59 minutes 60 minutes or more

B. If there was a wait for seating, did the host/hostess keep you informed about the wait time?

N/A Yes No

19. MENUS:

A. When the host/hostess seated you at your table, did he/she open the drink menu? *(required)*

N/A Yes No

B. When the host/hostess seated you at your table, did he/she place food menus on the table? *(required)*

N/A Yes No

20. APPRECIATION: When you left, did the host/hostess give you a sincere farewell and invite you to come back? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

SERVER

Server's Name: *(required)*

Server's Description:

A. Gender: *(required)*

N/A Male Female

B. Height: *(required)*

N/A Short Average Tall

C. Hair Length: *(required)*

N/A Short Medium Long None

D. Hair Color: *(required)*

N/A Brown Black Grey Red Blonde Other

E. Glasses: *(required)*

N/A Yes No

F. Other Descriptor:

N/A

ABCD ATTITUDE

21. ATTITUDE: Did the server have an "Above and Beyond the Call of Duty" attitude? *(required)*

N/A Yes No

22. INTRODUCTION: Did your server introduce him/herself? *(required)*

N/A Yes No

23. FIRST TIME GUEST: Did the server ask if you were a first time guest? *(required)*

N/A Yes No

24. FOCUS: Was the server focused and attentive, and did he/she thoroughly meet your needs throughout your visit? *(required)*

N/A Yes No

25. APPRECIATION: Did the server sincerely thank you (or show appreciation to you for coming) and invite you to return? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

Professionalism

26. ID CHECK: Did the server ask for your ID when you ordered an alcoholic beverage? *(required)*

 **SHOPPER: If you are over the age of 35, please N/A Question 1.**

N/A **Yes** **No**

27. ACCURACY: Did everyone in your party receive their correct order? *(required)*

N/A **Yes** **No**

28. DISHES: Did the server remove the soiled dishes as you finished each course of your meal? *(required)*

N/A **Yes** **No**

29. CHECK:

A. Was the check presented in a timely manner? *(required)*

N/A **Yes** **No**

B. Was the check correct? Did it accurately reflect your order? *(required)*

N/A **Yes** **No**

C. If you paid in cash, did the server return the complete change to you? *(required)*

N/A **Yes** **No**

Please explain this section's answers here: *(required)*

Knowledge

30. UNDERSTANDING:

A. Was the server knowledgeable about menu items? *(required)*

N/A **Yes** **No**

B. Was the server knowledgeable about how items were prepared? *(required)*

N/A **Yes** **No**

C. Was the server knowledgeable about the restaurant? *(required)*

N/A **Yes** **No**

31. CONFIDENCE: Did the server seem confident? *(required)*

N/A **Yes** **No**

Please explain this section's answers here: *(required)*

Salesmanship

32. UPSELLING:

A. When you ordered water, did the server suggest another beverage (such as bottled water, soft drink, tea, coffee or a drink from the bar)? *(required)*

N/A Yes No

B. When you ordered a generic alcoholic beverage, did the server suggest a high-end brand? *(required)*

N/A Yes No

33. SUGGESTIVE SELLING:

A. Did the server suggest a specific beverage/wine list? *(required)*

N/A Yes No

B. Did the server suggest a specific appetizer? *(required)*

N/A Yes No

C. Did the server suggest a specific chef's feature? *(required)*

N/A Yes No

D. Did the server suggest a specific dessert tray? *(required)*

N/A Yes No

E. Did the server suggest a specific coffee? *(required)*

N/A Yes No

F. Did the server suggest a specific cappuccino? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

FOOD & BEVERAGE

Presentation

34. TABLE ITEMS: Were plates, silverware, glassware, napkins and condiment holder clean and in good condition? *(required)*

N/A Yes No

35. FOOD ITEMS:

A. When the starters/appetizers were presented, were they appealing on the plate? *(required)*

N/A Yes No

B. When the entrees were presented, were they appealing on the plate? *(required)*

N/A Yes No

C. When the desserts were presented, were they appealing on the plate? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

Timeliness

36. URGENCY: After you were seated, were you greeted by your server within 90 seconds? *(required)*

N/A Yes No

37. BEVERAGES: Was your beverage order delivered within four minutes after ordering? *(required)*

N/A Yes No

38. REFILLS: Was your water refilled throughout your meal? *(required)*

N/A Yes No

39. COURSES: Were you satisfied with the timing of your courses? *(required)*

N/A Yes No

40. CHECK BACK: Did your server check back within two minutes after serving the main course and ask if the entree met your expectations? *(required)*

N/A Yes No

Please explain this section's answers here. Provide the actual number of minutes it took for delivery of each part of your meal: *(required)*

Quality

 **SHOPPER:** *In the comment box at the end of this section, please provide details about the quality of each part of your meal.*

41. BEVERAGES: Did your beverage taste good? *(required)*

N/A Yes No

42. FOOD:

A. Were the starters/appetizers tasty and of good quality? *(required)*

N/A Yes No

B. Were the entrees tasty and of good quality? *(required)*

N/A Yes No

C. Were the desserts tasty and of good quality? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

BARTENDER

Bartender's Name: *(required)*

Bartender's Description:

A. Gender: *(required)*

N/A Male Female

B. Height: *(required)*

N/A Short Average Tall

C. Hair Length: *(required)*

N/A Short Medium Long None

D. Hair Color: *(required)*

N/A Brown Black Grey Red Blonde Other

E. Glasses: *(required)*

N/A Yes No

F. Other Descriptor:

N/A

ATTITUDE

43. URGENCY: Did the bartender acknowledge you within one minute? *(required)*

N/A Yes No

44. ENTHUSIASM: Did the bartender introduce him/herself in an enthusiastic manner? *(required)*

N/A Yes No

45. ACCOMMODATION: If you had any special requests, did the bartender graciously attempt to accommodate you? *(required)*

N/A Yes No

46. RAPPORT: Did the bartender build rapport with you while you were at the bar? *(required)*

NOTE: In business, "rapport" means mentioning something other than the sale in order to connect with you on a personal level (i.e., the weather, traffic, etc.).

N/A Yes No

47. APPRECIATION: When you got up to leave, did the bartender acknowledge you in any way? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

Professionalism

48. ID CHECK: Did the server/bartender ask for your ID when you ordered an alcoholic beverage? **(required)**

N/A Yes No

Please enter your age here: **(required)**

49. ASHTRAYS: If there were ashtrays, were they emptied frequently? **(required)**

SHOPPER: Ashtrays should not be allowed to accumulate more than two butts before they are emptied or exchanged.

N/A Yes No

50. GARNISHMENT: If appropriate, were your beverages garnished? **(required)**

N/A Yes No

Please explain this section's answers here: **(required)**

Salesmanship

51. UPSELLING:

A. When you ordered water, did the bartender suggest another beverage (such as bottled water, soft drink, tea, coffee or a drink from the bar)? **(required)**

N/A Yes No

B. When you ordered a generic alcoholic beverage, did the bartender suggest a high-end brand? **(required)**

N/A Yes No

Please explain this section's answers here: **(required)**

Accuracy

52. ORDER:

A. What did you order? **(required)**

N/A

B. What were you charged for it? **(required)**

N/A

53. LOSS-PREVENTION:

A. As you observed the bartender taking orders and payments, did he/she record transactions at the time of service? **(required)**

N/A Yes No

B. As you observed the bartender taking orders and payments, did he/she close the cash drawer after each transaction? *(required)*
 N/A Yes No

54. INTEGRITY: Did you observe any dishonesty on the bartender's part during your visit? *(required)*
SHOPPER: Please be careful when answering this question. A YES answer indicates that you observed dishonesty on the bartender's part.
 N/A Yes No

Please explain this section's answers here: *(required)*

MANAGEMENT ACCOUNTABILITY

Manager's Name: *(required)*

Manager's Description:

A. Gender: *(required)*
 N/A Male Female

B. Height: *(required)*
 N/A Short Average Tall

C. Hair Length: *(required)*
 N/A Short Medium Long None

D. Hair Color: *(required)*
 N/A Brown Black Grey Red Blonde Other

E. Glasses: *(required)*
 N/A Yes No

F. Other Descriptor:
 N/A

SHOPPER: You MUST get the name of the manager. If you are unable to get it during your visit, you must call the restaurant as soon as possible after your visit.

55. GROOMING: Was the manager neatly and professionally groomed? *(required)*
 N/A Yes No

56. GUEST RELATIONS:

A. Did the manager circulate among guest tables? *(required)*

N/A Yes No

B. Did the manager visit your table? *(required)*


N/A Yes No

57. EFFICIENCY: Did the restaurant appear to be running smoothly and under control? *(required)*

N/A Yes No

Please explain this section's answers here: *(required)*

EXPENSES

 **SHOPPER:** *If extenuating circumstances occurred that kept you from completing any of the line items below, please mark this box YES and describe what happened in the comment box below.*

Yes No

Please explain here any extenuating circumstances related to shopper expenses:

N/A

A. List Appetizer: *(required)*

Appetizer Charge: *(required)*

B. List Alcoholic Drink: *(required)*

Alcoholic Drink Charge: *(required)*

C. List Non-Alcoholic Drink #1: *(required)*

Non-Alcoholic Drink #1 Charge: *(required)*

E. List Entree #1:

Entree #1 Charge:

F. List Entree #2:

Entree #2 Charge:

G. List Dessert: *(required)*

Dessert Charge: *(required)*

H. Bartender/Server Tips: *(required)*

I. Sales Tax Amount:

J. Total Shopper Expenses:

K. Reimbursement Amount: *(required)*

THE BOTTOM LINE

58. ONE WORD - EXPERIENCE: Choose one word to describe your overall experience.

N/A

59. RECOMMENDATION: Based on your experience, how likely would you be to recommend the Supermarket to a friend or family member? *(required)*

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

Please explain the reason you chose this number.

N/A

60. PERCEPTION: What was your overall perception of the store BEFORE the visit, if any? *(required)*

N/A Positive Neutral Negative No Perception

61. INFLUENCE: How did your overall experience with the Supermarket influence your overall perception of the brand? *(required)*

N/A Greatly Improved Perception Improved Perception About the Same Perception Decreased Perception
 Greatly Decreased Perception

PURCHASE INFORMATION

62. AMOUNT: What was the total amount for your purchase(s)?

 **SHOPPER:** Please include the total amount for all purchases. Please do not enter a dollar sign. Example: 12.95

N/A

63. RECEIPT: Please upload your receipt(s) here.

N/A

CUSTOMER EXPERIENCE

64. VALUE DIFFERENCE: Would you be willing to pay more for a service/product that consistently exceeded your experience expectation?

Yes No

Explain:

65. SENSORY EXPERIENCE: When you approached, what can you recall about each of the following senses?

Sight:

Smell:

Sound:

Touch:

Taste:

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

RISK: Choose YES if something so off the wall happened that someone high-up must be told about it. **(required)**

 **In the comment box, please tell us what happened.**

N/A Yes No

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

Yes

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

Yes

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**