



## TEMPLATE - RESTAURANT - FAST CASUAL

Location: **⚠️ Invalid Location: Cannot be blank**  
Shopper: dhartsfi2      Hartsfield, Dacey [ID: 444143]  
Date:  /  /  **⚠️ Invalid Date: Cannot be blank**  
Time:  :  **⚠️ Invalid Time: Cannot be blank**



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888.750.8585

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

 This section assesses the condition of the restaurant's exterior and interior areas.

### Exterior

 **EVALUATOR:** A detailed narrative is mandatory for each comment box. Please provide complete details.

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

N/A  Yes  No

**2. SIGNAGE(EXT): Did the exterior signage:**

**A. Look professional and appealing?** (required)

N/A  Yes  No

**B. Make it easy for you to locate the restaurant?** (required)

N/A  Yes  No

Please explain this section's answers here:

### Interior

**1. FOYER: In the foyer/order area:**

**A. Was the floor clean?** (required)

N/A  Yes  No

**B. Was the order counter clean?** (required)

N/A  Yes  No

**2. MENU BOARD: Was the menu board:**

**A. Clean and neat in appearance, with no stickers, decals or handwritten signs on it?** (required)

N/A  Yes  No

**B. Complete, with no missing panels?** (required)

N/A  Yes  No

**3. CONDIMENT BAR: Was the condiment bar and/or drink station:**

**A. Well stocked?** (required)

N/A  Yes  No

**B. Clean and well maintained?** (required)

N/A  Yes  No

**C. Free of excess litter on or around it?** (required)

N/A  Yes  No

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

N/A  Yes  No

**5. COMFORT: Was the overall environment comfortable in terms of:**

**A. Temperature?** (required)

N/A  Yes  No

**B. Music volume?** (required)

N/A  Yes  No

**C. Lighting?** (required)

N/A  Yes  No

**6. RESTROOMS: When you visited the restrooms:**

**A. Did they appear clean and routinely cared for?** (required)

N/A  Yes  No

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

N/A  Yes  No

Please explain this section's answers here:

## ORDER TAKER

 This section assesses the job competencies of the associate who took your order.

**1. Was the Order Taker the same person as the Cashier and/or the Order Presenter?** (required)

N/A  Yes  No

**Order Taker's Name**

**Order Taker'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:** (required)

**2. GREETING: Did the order taker give you a pleasant greeting?** (required)

N/A  Yes  No

**3. UPSSELL: Did the order taker ask if you wanted to order a larger size or if you wanted to add another, compatible item to your order?** (required)

N/A  Yes  No

**4. ID CHECK: If you ordered an alcoholic beverage, did the order taker ask for your ID?** (required)

N/A  Yes  No

Please enter your age here: (required)

**5. ORDER CONFIRMATION: Did the order taker confirm your order?** (required)

N/A  Yes  No

**6. APPRECIATION: Did the order taker sincerely thank you or show appreciation in any way?** (required)

N/A  Yes  No

Please explain this section's answers here:

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## CASHIER

 This section assesses the job competencies of the associate who took your payment.

**1. Was the Cashier the same person as the Order Taker and/or the Order Presenter?** (required)

N/A  Yes  No

Cashier's Name: (required)

Cashier'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:**

**2. GREETING: Did the cashier give you a pleasant greeting?** (required)

N/A  Yes  No

**3. UPSSELL: Did the cashier ask if you wanted to add a specific item to your order?** (required)

N/A  Yes  No

**4. ORDER CONFIRMATION: Did the cashier confirm your order?** (required)

N/A  Yes  No

**5. TOTAL: Did the cashier verbally quote your total?** (required)

N/A  Yes  No

**6. RECEIPT: Did the cashier give you a receipt?** (required)

N/A  Yes  No

**7. ACCURACY: Did the cashier give you correct change?** (required)

N/A  Yes  No

**8. APPRECIATION: Did the cashier sincerely thank you or show appreciation in any way?** (required)

N/A  Yes  No

Please explain this section's answers here:

## ORDER PRESENTER

 This section assesses the job competencies of the employee who delivered the order to your table.

**1. Was the Order Presenter the same person as the Cashier and/or the Order Taker?** (required)

N/A  Yes  No

**Order Presenter's Name:** (required)

**Order Presenter'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** (required)

N/A

**2. GREETING: Did the order presenter give you a pleasant greeting?** (required)

N/A  Yes  No

**3. CORRECT ORDER:**

**A. Did you receive the exact food and drink items you ordered?** (required)

N/A  Yes  No

**B. If any part of your order was incorrect, did the order presenter cheerfully offer to make it right?** (required)

N/A  Yes  No

**4. CONDIMENTS: Did you receive:**

**A. At least one napkin?** (required)

N/A  Yes  No

**B. Any utensils you needed?** (required)

N/A  Yes  No

**C. Any condiments you requested?** (required)

N/A  Yes  No

**5. PRESENTATION: Was your order neatly presented?** (required)

N/A  Yes  No

**6. APPRECIATION: Did the order presenter sincerely thank you or show appreciation in any way?** (required)

N/A  Yes  No

Please explain this section's answers here:

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## FOOD & BEVERAGE

 This section assesses the quality of your food and beverage selections.

**1. ORDER: Please list the items you ordered:**

**A. Entrée:**

**B. Non-Alcoholic Beverage:**

**2. TEMPERATURE: Were each of the items served at the proper temperature:**

**A. Entrée:** (required)

N/A  Yes  No

**B. Non - Alcoholic Beverage:** (required)

N/A  Yes  No

**3. QUALITY: Did each of the following items taste fresh:**

**A. Entrée:** (required)

N/A  Yes  No

**B. Non-Alcoholic Beverage:** (required)

N/A  Yes  No

Please explain this section's answers here:

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## MANAGEMENT ACCOUNTABILITY

 This section includes questions that are directly attributed to managers. It is management's responsibility to set the team up to win.

**1. STAFFING: Were there enough staff members available for the number of customers in line?** (required)

N/A  Yes  No

**2. TEAMWORK: Did the staff seem to be working well together, and did you notice any of them helping each other?** (required)

N/A  Yes  No

**3. TIMELINESS: Considering the amount of customer traffic, did you receive your order in a timely manner?** (required)

N/A  Yes  No

**Actual time it took to receive your order:**

Please explain this section's answers here:

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## EXPENSES

**i** This section contains a listing of all expenses incurred during this evaluation. Please note that you will be reimbursed only up to the reimbursement amount stated in the Evaluator Guidelines regardless of the amount you actually spent.

**Please explain here any extenuating circumstances related to evaluator expenses:**

**A. List Entrées:**

**Entrée Charge:**

**B. List Non-Alcoholic Beverage:**

**Non-Alcoholic Beverage Charge:**

**C. Tip Amount:**

**D. Total Evaluator Expenses:**

**E. Reimbursement Amount:**

### ADDITIONAL COMMENTS AND NARRATIVE

We have only asked specific, service-oriented questions on this shop. If you have any additional information concerning this visit, you may tell us below. It can be anything the client/partner would want to know to assist them in maintaining the best service in the industry.

N/A

### THE BOTTOM LINE

**4. ONE WORD - EXPERIENCE:** Choose one word to describe your overall experience: (required)

**5. RECOMMENDATION:** Based on your experience, how likely would you be to recommend the restaurant 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

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

N/A  Positive  Neutral  Negative  No Perception

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

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

### CUSTOMER EXPERIENCE

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

Yes  No

Explain:

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

Sight:

Smell:

Sound:

Touch:

Taste:

## PROOF OF VISIT

**RECEIPT:** Please upload a copy of your receipt here.

 **EVALUATOR:** This report will not be accepted without a copy of your purchase receipt.

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

**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