



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

ENVIRONMENT/ATMOSPHERE

N/A Yes No

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 the section's answers here:

N/A

Interior

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

1. **ATMOSPHERE: Was the atmosphere of the restaurant upbeat and casual?** (required)

N/A Yes No

2. **MEAT SLICING AREA: Was the meat slicing area clean and well maintained?** (required)

N/A Yes No

3. **SANDWICH ASSEMBLY AREA: Was the sandwich assembly counter clean and well maintained with fresh toppings?**

N/A Yes NO

Comment:

4. **MENU BOARD: Was the menu board clean and neat in appearance, with no stickers, or decals?** (required)

N/A Yes No

5.

CONDIMENT BAR: SOFT DRINK DISPENSING / DISPOSABLE SUPPLIES AREA: Was disposable supplies area 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

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

N/A Yes No

7.

RESTROOMS: When you visited the restrooms?

EVALUATOR: Please visit the restroom while performing this evaluation. Please refrain from asking where the restroom is located.

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: (required)

MEAT SLICER

i This section assesses the job competencies of the associate who took and prepared your meat order.

Meat Slicer's Name:

N/A

Meat Slicer's Description:

N/A

- 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
-

HOAGIE MAKER

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

Hoagie Maker's Name: N/A

Hoagie Maker'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
-

- 1. GREETING: Did a store associate give you a pleasant greeting on your arrival?** (required) N/A Yes No
- 2. UPSSELL: Did a store associate ask if you wanted chips, a cookie, deli salad, pickle or a beverage?** (required) N/A Yes No
- 3. ORDER CONFIRMATION: Did the associate confirm your order?** (required) N/A Yes No

i **EVALUATOR: EVALUATOR:** *If there was an order confirmation board (OCB), the sandwich maker should say, "We really want to get your order right, so please confirm that your order on the screen is correct," If the store does NOT have an OCB, the cashier should read your order back to you.*

ORDER PRESENTER/CASHIER

Order Presenter/Cashier's Name as indicated on employee's name badge? (required)

Order Presenter/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:

N/A

4. GREETING: Did the Order Presenter/Cashier give you a pleasant greeting? (required)

N/A Yes No

5. TOTAL: Did the Order Presenter/Cashier verbally quote your total? (required)

N/A Yes No

6. RECEIPT: Did the Order Presenter/Cashier give you a receipt? (required)

N/A Yes No

7. ACCURACY: Did the Order Presenter/Cashier give you correct change? (required)

N/A Yes No

8. APPRECIATION: Did the Order Presenter/Cashier sincerely thank you or show appreciation in any way? (required)

N/A Yes No

9. CORRECT ORDER: Did you receive:

A. The exact food items you ordered? (required)

N/A Yes No

B. The exact drink you ordered? (required)

N/A Yes No

i EVALUATOR: If your order was incorrect, please explain in the comment box below. If you did not order a drink then please select N/A.

10. PACKAGING: Was your order neatly assembled and packaged? (required)

N/A Yes No

11. 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: (required)

FOOD & BEVERAGE

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

1. ORDER: Please list the items you ordered: (required)

2. PRESENTATION: Was the presentation of the sandwich/salad ordered as advertised and expected? (required)

N/A Yes No

3. TEMPERATURE: Were each of the items you ordered served at the proper temperature? (required)

N/A Yes No

4. CUSTOMER PERCEPTION: What was your overall perception of the quality of the sandwich or salad as it relates to how it was made? (required)

N/A Yes NO

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

MANAGEMENT ACCOUNTABILITY

i 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 matter? N/A Yes No
(required)

Actual time it took to receive your order:

N/A

EVALUATOR: Begin counting from the time you arrived in line until the time you received your food order.

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

EXPENSES

E The section contains a listing of all expenses incurred during this shop. 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.

List any items ordered here.

N/A

EVALUATOR: Please order a small or large hoagie sandwich, round roll sandwich or salad platter.

Item amount:

N/A

Sales Tax Amount:

N/A

Total Evaluator Expenses:

N/A

Reimbursement Amount:

N/A

EVALUATOR: You will be reimbursed up to \$20 for this evaluation.

EDITOR: Please make sure that this reimbursement amount does not exceed the maximum reimbursement for this shop.

CUSTOM QUESTIONS

CUSTOM QUESTION #1: (required)

N/A

CUSTOM QUESTION #2: (required)

N/A

CUSTOM QUESTION #3: (required)

N/A

CUSTOM QUESTION #4: (required)

N/A

CUSTOM QUESTION #5: (required)

N/A