

SECRET SHOPPING ON-DEMAND™

POWERED BY ABOUTFACE

www.secretshoppingondemand.com

Bar Evaluation

Business Name: [pick](#) Location Name: Address: Telephone:

Date of Shop: [pick](#) Time In: [pick](#) Time Out: [pick](#) Reimbursement Amt:

Month: [Choose one] Quarter: Year: [Choose one]

Date Ordered: Drop Dead Date: Order Timeline: Reimbursement Tier:

Telephone Exp Total:

Telephone Rep:

Env/Atm Total:

Exterior:

Interior:

Bartender Total:

Bartender:

Prof:

Attitude:

Knowledge:

Sales:

Bev Pres & Qual:

Integrity:

The Bottom Line:

Exp:

Return:

VISIT TOTAL:

Shopper Name: Shopper Ranking: [Choose one] Link:

Jr. Editor: Jr. Status: [Choose one] Jr. Completion Date: [pick](#) Jr. Editor Ranking: [Choose one]

Sr. Editor: Sr. Status: [Choose one] Sr. Completion Date: [pick](#) Sr. Editor Ranking: [Choose one]

QC: QC Date: [pick](#) 48 Hr Date: [pick](#) 48 Hr Comment:

Deduct:	Deduct Explain:	Purchase Amt: <input type="text"/>	Reimburse Amt:
Jr. Fee:	Sr. Fee:	PM Fee: <input type="text"/>	

WWW.SECRETSHOPPINGONDEMAND.COM

To log back in to Secret Shopping On-Demand™ to review your account or place another order, simply go to www.secretshoppingondemand.com and click the "Back for More?" button. You will be prompted to enter your email address and the password you set up when you created your account.

SCORING CRITERIA

Yes = 10, No = 0
Yes = 5, No = 0
N/A = Both the actual and the possible points are thrown out, so as not to adversely affect the total score.

ATTACHMENTS

Please scan your receipt(s) and attach to the shop or fax to the number provided on the Shopper Directions, along with your name, date, store and time of purchase on it. If you are doing more than one shop, you must fax the receipts in on separate faxes. Please write legibly. The shop will not be accepted without a receipt.

TELEPHONE EXPERIENCE

This section assesses the manner in which the telephone representative handled your call.

TE

Telephone Representative's Name:

1. URGENCY: Was your call answered within three rings? NA Yes No

2. GREETING: Did you receive an enthusiastic, friendly greeting? NA Yes No

Please explain this section's answers here:

ENVIRONMENT/ATMOSPHERE

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

Exterior

1. PARKING: Was the parking lot safe, well lit and easy to access? NA Yes No

2. SIGNAGE: Did the exterior signage:

A. Look professional and appealing? NA Yes No

B. Make it easy for you to locate the location? NA Yes No

Please explain this section's answers here:

Interior

1. FOYER: Was the foyer/lobby area clean and was the floor swept/vacuumed? NA Yes No

2. RESTROOMS: When you visited the restrooms:

A. Did they appear clean and routinely cared for? NA Yes No

B. Were there adequate supplies? NA Yes No

3. FURNISHINGS: Were ledges, walls, decorations and air vents clean and free of dust? NA Yes No

4. COMFORT: Was the overall environment comfortable in terms of:

- A. Temperature? NA Yes No
- B. Music volume? NA Yes No
- C. Lighting? NA Yes No

Please explain this section's answers here:

BARTENDER

This section assesses the job competencies demonstrated by the bartender who assisted you. NOTE: Evaluate only one bartender.

Bartender's Name:

Bartender's Description:

A. Gender:

[Choose one]

B. Height:

[Choose one]

C. Hair Length:

[Choose one]

D. Hair Color:

[Choose one]

E. Glasses?

- NA Yes No

F. Other Descriptor:

Professionalism

- 1. URGENCY: Did the bartender acknowledge you within two minutes of your arrival? NA Yes No
- 2. GROOMING: Was the bartender appropriately dressed and well groomed? NA Yes No
- 3. SERVICE: Were your beverages served within three minutes after you ordered? NA Yes No
- 4. ASHTRAYS: If there were ashtrays, were they emptied frequently? NA Yes No

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

Please explain your answers to question 1 through 4 here:

- 5. BUSSING: Was the bar or the table cleared and cleaned within five minutes of a guest's departure? NA Yes No
- 6. BAR UPKEEP: Did the bartender wipe down the bar when it became wet or soiled? NA Yes No
- 7. FLAIR (BONUS): Was "flair bartending" used during your visit? NA Yes No

SHOPPER: Please see Shopper Directions for a definition of "flair bartending."

Please explain your answers to question 5 through 7 here:

Attitude

- 1. GREETING: Did the bartender offer a friendly, enthusiastic greeting? NA Yes No
- 2. INTRODUCTION: Did he/she introduce him/herself to you at any point in the visit? NA Yes No
- 3. NON-VERBAL CUES: Did the bartender smile and make eye contact? NA Yes No
- 4. PERSONALITY: Did the bartender's personality accentuate your experience? NA Yes No

Please explain your answers to question 1 through 4 here:

5. **RAPPORT:** Did he/she attempt to build rapport/connect with you? NA Yes No

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.).

6. **APPRECIATION:** When you got up to leave, did the bartender acknowledge you in any way? NA Yes No

Please explain your answers to question 5 through 7 here:

Knowledge

1. **SPECIALS:** Did the bartender know the drink specials, if any? NA Yes No

2. **MIXED DRINKS:** When you asked for the ingredients of a particular mixed drink, was the bartender able to answer without hesitation?
SHOPPER: If mixed drinks were not served at this bar, answer N/A. NA Yes No

3. **BEER/WINE:** Did the bartender appear knowledgeable about beer and/or wine choices when asked? NA Yes No

Please explain this section's answers here:

Salesmanship

1. **UPSELL:** When you ordered a generic alcoholic beverage, did the bartender suggest a high-end brand? NA Yes No

2. **SUGGESTIVE SELL:** Did the bartender suggest a specific beverage or specialty drink? NA Yes No

3. **FOOD:** Did he/she offer a food menu or suggest appetizers (if food was available)? NA Yes No

4. **RE-ORDER:** Did the bartender suggest another round when your glass was approximately three-quarters empty? NA Yes No

Please explain this section's answers here:

Beverage Presentation & Quality

1. **ORDER:** Please list the alcoholic beverages you ordered:
 A. Beverage #1 _____
 B. Beverage #2: _____

2. **APPROPRIATE GARNISHMENT:** Were your beverages garnished (if appropriate)?
 A. Beverage #1: NA Yes No
 B. Beverage #2: NA Yes No

3. **TASTE:** Did your beverages taste right? Were they well made (if mixed)?
 A. Beverage #1: NA Yes No
 B. Beverage #2: NA Yes No

Please explain this section's answers here:

Integrity

1. DISPENSING: When the bartender dispensed alcoholic beverages, were his/her pouring procedures consistent? NA Yes No

NOTE: Proper pouring procedures include using a proper measuring device or pouring to a four-count. Please look at a minimum of 5 orders.

Please explain:

2. SCOOP: Did the bartender use an ice scoop when placing ice in glasses? NA Yes No

NOTE: Even if an ice scoop was used, if the bartender touched the ice with his/her hands, answer this question No and explain in the comment box below.

Please explain:

3. LOSS-PREVENTION: As you observed the bartender taking orders and payments, did he/she:
- A. Record transactions at the time of service? NA Yes No
- B. Close the cash drawer after each transaction? NA Yes No

Please explain:

4. ID CHECK: Did the bartender ask for your ID when you ordered an alcoholic beverage? NA Yes No

Please enter your age here:

5. INTOXICATION: Was alcohol served to any patrons who were obviously intoxicated? NA Yes No

6. COMPS: Did you notice any free drinks being dispensed? NA Yes No

NOTE: Some establishments allow bartenders to give away a certain number of complimentary drinks per night. This question is for informational purposes only and is not scored.

Please explain your answers to questions 4 through 6 here:

7. EATING: Did you observe the bartender eating while he/she worked? NA Yes No

8. BARTENDER BEHAVIOR: What did the bartender do when not taking orders or preparing drinks? [Select all that apply]

Please explain your answers to questions 7 and 8 here:

9. RECEIPT: Was a receipt or tab printed and placed in front of you? NA Yes No

10. CHECK: Did your check correspond to the amount charged? NA Yes No

Please explain your answers to questions 9 and 10 here:

SHOPPER EXPENSES

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 Shopper Directions regardless of the amount you actually spent.

SE

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

Yes No

Please explain here any extenuating circumstances related to shopper expenses:

A. List Alcoholic Drink #1:

Alcoholic Drink #1 Charge:

\$

B. List Alcoholic Drink #2:

Alcoholic Drink #2 Charge:

\$

C. Bartender Tip:

D. Sales Tax:

\$

E. Total Shopper Expenses:

G. Reimbursement Amount:

\$

EDITOR: In the Reimbursement Amount box (item G above), place either the reimbursement amount allowed for this shop OR the amount shown on line F above, whichever is smaller.

BOTTOM LINE

The Bottom Line is a qualitative category, which sums up the customer's experience.

BL

1. Choose one word to describe your experience:

2. Would you return to this location?

NA Yes No

3. What would have made your visit more enjoyable? What was missing?

CUSTOM QUESTIONS

This section contains questions that are unique to this shop.

CQ

1. CUSTOM QUESTION #1: Was a Custom Question #1 listed for this shop at the above website?

NA Yes No

Please answer Custom Question #1 here:

2. CUSTOM QUESTION #2: Was a Custom Question #2 listed for this shop at the above website?

NA Yes No

Please answer Custom Question #2 here:

3. CUSTOM QUESTION #3: Was a Custom Question #3 listed for this shop at the above website?

NA Yes No

Please answer Custom Question #3 here:

4. CUSTOM QUESTION #4: Was a Custom Question #4 listed for this shop at the

NA Yes No

above website?

Please answer Custom Question #4 here:

5. CUSTOM QUESTION #5: Was a Custom Question #5 listed for this shop at the above website? NA Yes No

Please answer Custom Question #5 here:

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 on anything the client/partner would want to know to assist them in maintaining the best service in the industry.

Shopper

- Since you are judging someone else's performance in this report, how was your performance?
- Did you do the best job you are capable of doing?
- Would you be proud to sign your name to this job, as an example of your workmanship?
- If you have any questions, concerning making this shop the best, please e-mail your question / concern to qualitycontrol@aboutfacecorp.com.
- Before you hit SUBMIT, please make this your best, most descriptive work. Our clients deserve it, and you deserve to be paid our highest performance pay on every project.

Internal Information

1. Wow - Choose YES if the service at this location stood out as so exemplary that someone high-up must be told about it.

Briefly describe why here:

2. Risk - Check this box if something so off the wall happened that someone high-up must be told about it.

Briefly describe why here:

3. Unusual Circumstances - Check this box if something odd happened with scheduling that needs to be understood by the AboutFace team:

Briefly describe why here:

A. Scheduling:

B. Payments:

i. Bonus Pay? \$

ii. Payment Split:

1. How Much? \$

2. With Whom?

a. Shopper's Name:

b. Shopper's Email:	<input type="text"/>
iii. Deduction:	\$ <input type="text"/>
Briefly describe why here:	<input type="text"/>
iv. Typing:	<input type="button" value="[Choose one]"/>
a. Typist's Initials:	<input type="text"/>
C. Editing:	<input type="button" value="[Choose]"/>
Briefly explain why here.	<input type="text"/>