

SECRET SHOPPING ON-DEMAND™

POWERED BY ABOUTFACE

www.secretshoppingondemand.com

Delivery Evaluation

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

Shift: Website:

Date of Shop: [pick](#) Time Ordered: [pick](#) Time Delivered: [pick](#) Reimbursement Amt:

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

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

Telephone Total: Order Taker:

Delivery Total: Delivery Person:

Food Qual/Pres Total:

Bottom Line: Exp:

Order Taker:

Del Person:

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: Reimburse:

Jr. Fee: Sr. Fee: PM Fee:

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.

Shopper Scenario Profile

This section contains information about the scenario you presented when you called the restaurant. Please describe the details of the scenario you presented:



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.

Browse...

TELEPHONE ORDER PROCESS

This section assesses the manner in which your order was taken over the telephone.

TE

Order Taker's Name:

- 1. URGENCY: Was your call answered within three rings? NA Yes No
- 2. ATTITUDE: Was the order taker upbeat and friendly? NA Yes No

Please explain:



- 3. GREETING COMPONENTS: Did the order taker:
 - A. Thank you for calling? NA Yes No
 - B. Identify the restaurant? NA Yes No
 - C. Identify him/herself by name? NA Yes No
 - D. Ask how he/she could help you? NA Yes No

- 4. HOLD: If you were placed on hold, did the order taker:
 - A. Ask if you would hold before placing you on hold? NA Yes No
 - B. Return from hold in a timely manner? NA Yes No

Please explain your answers to questions 3 and 4 here:



- 5. UPSELL: Did the order taker suggest additional items to go with your order? NA Yes No

Please explain:



6. CONFIRMATION: Did the order taker:

A. Confirm your address? NA Yes No

B. Confirm your telephone number? NA Yes No

C. Repeat your order to you? NA Yes No

7. TOTAL: Did the order taker give you the total of your order? NA Yes No

8. DELIVERY TIME: What was the time frame you were given for your order to be delivered (i.e., 30 minutes, 1 hour, etc.)?

Please explain your answers to questions 6 through 8 here:

9. APPRECIATION: Did he/she thank you or offer any remark of appreciation at the end of the call? NA Yes No

Please explain:

DELIVERY PROCESS
 This section assesses the process employed by the delivery person during the delivery process.

DP

Delivery Person's Name:

Delivery Person's Description:

A. Gender:

B. Height:

C. Hair Length:

D. Hair Color:

E. Glasses? NA Yes No

F. Other Descriptor:

1. GREETING: Did the delivery person give you a friendly greeting? NA Yes No

2. NON-VERBAL CUES: Did he/she:

A. Use good eye contact? NA Yes No

B. Smile? NA Yes No

C. Seem too rushed? NA Yes No

Please explain your answers to questions 1 and 2 here:

3. VEHICLE: Was the delivery person's vehicle:

A. Marked with the restaurant's logo (or equipped with a car top sign)? NA Yes No

B. Well kept, and did it convey a positive image of the restaurant? NA Yes No

SHOPPER: If your order was delivered after dark, and you were unable to see the delivery person's vehicle well, answer 2A and/or 2B N/A and explain in the comment box below.

Please explain:

4. GROOMING: Was the delivery person:
- A. Wearing a uniform or logo shirt? NA Yes No
- B. Wearing a nametag? NA Yes No
- C. Well groomed? NA Yes No
- Please explain:

5. TIMELINESS: Was your order delivered within the time frame the order taker gave you? NA Yes No
- Please explain:

6. CONDIMENTS: Did you receive:
- A. At least one napkin for each meal ordered? NA Yes No
- B. Appropriate utensils (i.e., fork, spoon, knife, chopsticks, etc.)? NA Yes No
- C. Any condiments and extras you requested (sauces, spreads, spices, etc.)? NA Yes No
- D. Any special requests (i.e., extra green olives, etc.)? NA Yes No

7. PACKAGING: Was your order neatly assembled and packaged? NA Yes No
- Please explain your answers to questions 6 and 7 here:

8. TOTAL: Did the delivery person tell you your total price? NA Yes No
9. CHECK: Was the amount you were charged the same as the amount the order taker told you? NA Yes No
10. CHANGE: If you paid with cash, did the delivery person offer you change? NA Yes No
- Please explain your answers to questions 8 through 10 here:

11. APPRECIATION: Did the delivery person sincerely thank you or show appreciation in any way? NA Yes No
- Please explain:

FOOD QUALITY & PRESENTATION

This section assesses the accuracy, temperature, presentation and quality of your food order.

FQ

SHOPPER: Your assignment requires that you order either two entrées or one pizza. Please consult your scheduling information to determine which item(s) you must order.

1. ORDER: Please list each food item and its cost in the spaces below:
- A. Entrée #1: _____

B. Entrée #2

C. Pizza:

SHOPPER: Each item in questions 2 through 5 should correspond to the items you listed in question 1 above.

CLIENT: Please see question 1 above for a listing of each item assessed in questions 2 through 5.

2. ACCURACY: When you received your order, were each of the items exactly what you had ordered:

A. Entrée #1? NA Yes No

B. Entrée #2? NA Yes No

C. Pizza? NA Yes No

Please explain here:

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

A. Entrée #1? NA Yes No

B. Entrée #2? NA Yes No

C. Pizza? NA Yes No

Please explain here:

4. PRESENTATION: Did each item look appealing and was it in good condition:

A. Entrée #1? NA Yes No

B. Entrée #2? NA Yes No

C. Pizza? NA Yes No

Please explain here:

5. QUALITY: Did each of the items taste fresh and delicious?

A. Entrée #1? NA Yes No

B. Entrée #2? NA Yes No

C. Pizza? NA Yes No

Please explain 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 Entrée #1:

Entrée #1 Charge:

\$

B. Entrée #2:

Entrée #2 Charge:

\$

C. List Pizza:

Pizza Charge:

\$

D. Delivery Person's Tip:

\$

E. Sales Tax Amount:

\$

F. 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:

A. Your experience:

B. Your order taker:

C. Your delivery person:

2. Based on this experience, would you place a delivery order at this restaurant again?

NA Yes No

3. What would have made your experience better?

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.

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 above website?

NA Yes No

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:

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.

[Choose]

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.

[Choose]

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:

[Choose]

Briefly describe why here:

A. Scheduling:

[Choose]

B. Payments:

[Choose]

i. Bonus Pay?

\$

ii. Payment Split:

[Choose]

1. How Much?

\$

2. With Whom?

a. Shopper's Name:

b. Shopper's Email:

iii. Deduction:

\$

Briefly describe why here:

iv. Typing:

[Choose one]

a. Typist's Initials:

C. Editing:

[Choose]

Briefly explain why here.