

SECRET SHOPPING ON-DEMAND™

POWERED BY ABOUTFACE

www.secretshoppingondemand.com

Fast Casual Restaurant Total Quality Evaluation

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

Shift: Website:

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:

Env/ Atm Total:	Exterior: <input type="text"/>
	Interior: <input type="text"/>
Order Taker's Total:	Order Taker: <input type="text"/>
Cashier Total:	Cashier: <input type="text"/>
Order Presenter Total:	Order Presenter: <input type="text"/>
Food & Bev Total:	
Mgmt Acct Total:	
Bottom Line:	Exp: <input type="text"/>
	Return: <input type="text"/>

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"/>
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.

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(EXT): Did the exterior signage:
 - A. Look professional and appealing? NA Yes No
 - B. Make it easy for you to locate the restaurant? NA Yes No

Please explain this section's answers here:

Interior

- 1. FOYER: In the foyer/order area:
 - A. Was the floor clean? NA Yes No
 - B. Was the order counter clean? NA Yes No
- 2. MENU BOARD: Was the menu board:
 - A. Clean and neat in appearance, with no stickers, decals or handwritten signs on it? NA Yes No
 - B. Complete, with no missing panels? NA Yes No
- 3. CONDIMENT BAR: Was the condiment bar and/or drink station:
 - A. Well stocked? NA Yes No
 - B. Clean and well maintained? NA Yes No
 - C. Free of excess litter on or around it? NA Yes No
- 4. DINING AREA: Were dining areas clean and free of litter? NA Yes No
- 5. 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

6. 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

Please explain this section's answers here:



ORDER TAKER

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

OT

Was the Order Taker the same person as the Cashier and/or the Order Presenter? NA Yes No

EDITOR: If the answer to this question is Yes, please answer the applicable Greeting and/or Appreciation question(s) N/A so no identical questions are scored more than one time for any individual. See your editor education materials for more details.

Order Taker's Name:

Order Taker's Description:

A. Gender:

B. Height:

C. Hair Length:

D. Hair Color:

E. Glasses? NA Yes No

F. Other Descriptor:

1. GREETING: Did the order taker give you a pleasant greeting? NA Yes No

EDITOR: If the cashier and order presenter were the same person, answer this question N/A.

2. UPSELL: 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? NA Yes No

SHOPPER: For example, "For only fifty-nine cents, you can get a large drink. Would you like to do that?" "Would you like to add a piece of our fresh-baked chocolate cake to your order?"

3. ID CHECK: If you ordered an alcoholic beverage, did the order taker ask for your ID? NA Yes No

4. ORDER CONFIRMATION: Did the order taker confirm your order? NA Yes No

5. APPRECIATION: Did the order taker sincerely thank you or show appreciation in any way? NA Yes No

Please explain this section's answers here:



CASHIER

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

CA

Was the Cashier the same person as the Order Taker and/or the Order Presenter? NA Yes No

EDITOR: If the answer to this question is Yes, please answer the applicable Greeting and/or Appreciation question(s) N/A so no identical questions are scored more than one time for any individual. See your editor education materials for more details.

Cashier's Name:

Cashier'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:

1. GREETING: Did the cashier give you a pleasant greeting? NA Yes No
2. UPSSELL: Did the cashier ask if you wanted to add a specific item to your order? NA Yes No
 SHOPPER: For example, "Would you like to add a piece of our fresh-baked chocolate cake?"
3. ORDER CONFIRMATION: Did the cashier confirm your order? NA Yes No
4. TOTAL: Did the cashier verbally quote your total? NA Yes No
5. RECEIPT: Did the cashier give you a receipt? NA Yes No
6. ACCURACY: Did the cashier give you correct change? NA Yes No
7. APPRECIATION: Did the cashier sincerely thank you or show appreciation in any way? NA 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.

OP

Was the Order Presenter the same person as the Cashier and/or the Order Taker? NA Yes No

EDITOR: If the answer to this question is Yes, please answer the applicable Greeting and/or Appreciation question(s) N/A so no identical questions are scored more than one time for any individual. See your editor education materials for more details.

Order Presenter's Name:

Order Presenter'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:

1. GREETING: Did the order presenter give you a pleasant greeting? NA Yes No
2. CORRECT ORDER:
 - A. Did you receive the exact food and drink items you ordered? NA Yes No
 - B. If any part of your order was incorrect, did the order presenter cheerfully offer to make it right? NA Yes No

SHOPPER: If your order was incorrect, please explain in the comment box below what was incorrect and what actions the order presenter took in response.

3. **CONDIMENTS:** Did you receive:
- A. At least one napkin? NA Yes No
- B. Any utensils you needed? NA Yes No
- C. Any condiments you requested? NA Yes No
- SHOPPER: You must request at least one condiment (ketchup, salt, soy sauce, vinegar, etc.). Answer questions A, B and C "Yes" if a condiment bar was available.
4. **PRESENTATION:** Was your order neatly presented? NA Yes No
5. **APPRECIATION:** Did the order presenter sincerely thank you or show appreciation in any way? NA Yes No
- Please explain this section's answers here:

FOOD & BEVERAGE

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

FB

1. **ORDER:** Please list the items you ordered:
- A. Entrée: _____
- B. Side Order: _____
- C. Non-Alcoholic Beverage: _____
- D. Alcoholic Beverage (if applicable): _____
2. **TEMPERATURE:** Were each of the items served at the proper temperature:
- A. Entrée: NA Yes No
- B. Side order: NA Yes No
- C. Non-Alcoholic Beverage: NA Yes No
- D. Alcoholic Beverage (if applicable): NA Yes No
3. **QUALITY:** Did each of the following items taste fresh:
- A. Entrée: NA Yes No
- B. Side order: NA Yes No
- D. Alcoholic Beverage (if applicable): NA Yes No
- C. Non-Alcoholic Beverage: NA Yes No
- Please explain this section's answers here:

MANAGEMENT ACCOUNTABILITY

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

MA

1. **STAFFING:** Were there enough staff members available for the number of customers in line? NA Yes No
2. **TEAMWORK:** Did the staff seem to be working well together, and did you notice any of them helping each other? NA Yes No
3. **TIMELINESS:** Considering the amount of customer traffic, did you receive your NA Yes No

order in a timely manner?

Actual time it took to receive your order: _____

SHOPPER: Begin counting from the time you joined the line until the time you received your food order.

Please explain this section's answers 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:

Entrée Charge:

\$ _____

B. List Side Item:

Side Item Charge:

\$ _____

C. Dessert:

Dessert Charge:

\$ _____

D. List Non-Alcoholic Beverage:

Non-Alcoholic Beverage Charge:

\$ _____

E. List Alcoholic Beverage:

Alcoholic Beverage Charge:

\$ _____

F. Sales Tax Amount:

G. Total Shopper Expenses:

H. Reimbursement Amount:

\$ _____

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

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.

[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.

