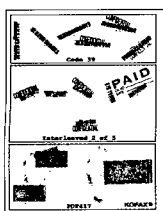
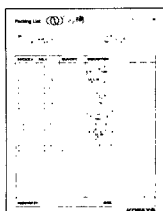
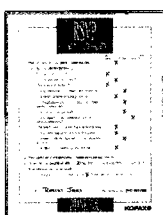




VRS Demonstration Documents



Form Name	Characteristics	VRS Feature Highlighted
Passport	Very dark photo copy, odd sized paper.	Ability to drop out dark background while retaining content.
CORE Medical	Paper with light check marks, green spot color, red marks, red stamp over a bar code, highlights over handwriting.	Ability to retain the highlights, data under highlight. Ability to call out the light writing and capture the red stamp over the bar code.
RSVP	Light blue paper with darker blue text.	Ability to retain the darker blue text and check marks while dropping out the background color. Also can show color normalization and reduced file size for a color document.
Packing List	Light yellow paper with faint machine type print.	Ability to clean up machine print and make it more readable. Ability to drop out background color. Also could show how to normalize background color and reduce file size for a color document.
Barcode sheet	Variety of barcodes, stamps and stains.	Ability to retain important information while dropping out "noise".

RSVP

We invite your comments. Your response to this special survey helps us to serve you better.

	Very Good	Good	Fair	Poor	Very Poor
1. Overall, how do you rate the food service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How do you rate the following:					
a. The flavor of the food?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The temperature of the food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The quality of the food?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The appearance and presentation of the food?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The variety of food choices available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The helpfulness and friendliness of our food service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The speed of our service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The professional appearance of our food service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. The cleanliness of the serving and dining area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The general appearance of the dining area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The cleanliness of trays, silverware, plates and glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The value of the meals you purchased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Your comments are welcome. Please write on the reverse.

4. When do you usually work? ☒ Day Shift ☐ Evening Shift ☐ Night Shift

5. How often do you dine here?

☐ Everyday ☐ 2 or 3 times a week ☒ Once a week ☐ Infrequently

(Optional)

Your Name: ROBERT JONES

Phone Number: (949) 727-1733

THANK YOU!

KOFAX 

RSP

We invite your comments. Your response to this special survey helps us to serve you better.

THANK YOU!

KOFAX

1. Overall, how do you rate the food service?

<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Very Poor
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2. How do you rate the following:

<input checked="" type="checkbox"/>	a. The flavor of the food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	b. The temperature of the food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	c. The quality of the food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. The appearance and presentation of the food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. The variety of food choices available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. The helpfulness and friendliness of our food service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g. The speed of our service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h. The professional appearance of our food service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i. The cleanliness of the serving and dining area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. The general appearance of the dining area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	k. The cleanliness of trays, silverware, plates and glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	l. The value of the meals you purchased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Your comments are welcome. Please write on the reverse.

4. When do you usually work? ☒ Day Shift ☐ Evening Shift ☐ Night Shift

5. How often do you dine here?

☐ Everyday ☐ 2 or 3 times a week ☒ Once a week ☐ Infrequently

(Optional)
Your Name:

ROBERT JONES

Phone Number: (949) 727-1733

