**FORM MONITORING**

**MORNING BRIEFING DAN AFTERNOON BRIEFING**

**Cabang :**

**Bulan /Tahun :**

|  |  |  |  |  |  |  |  |  |
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| **Tgl** | **Morning Briefing** | | **Yang Memimpin** | **Keterangan**  **(Jika Tidak)** | **Afternoon Briefing** | | **Yang Memimpin** | **Keterangan**  **(Jika Tidak)** |
| **Ya** | **Tidak** | **Ya** | **Tidak** |
| 1 |  |  |  |  |  |  |  |  |
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| **Unit Umum dan Akuntansi** |
| (………………..…..) |

CHECKING PERALATAN BANKING HALL

|  |  |  |
| --- | --- | --- |
| Nama Cabang/Capem | : |  |
| Alamat Cabang/Capem | : |  |
| Pelaksaanan | : | Hari : |
|  |  | Tanggal : |
|  |  | Waktu Observasi : |
| Nama Petugas | : | 1. |
|  |  | 2. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | ObjekPengamatan | Keberadaaan | | KondisiPeralatan Banking Hall (Jika Ada) | Isi dengantanda “√” |
|  |  | Ada | Tidak |  |  |
| 1 | Panel Valas |  |  | 1. Terisi & Up to date |  |
|  |  |  |  | 1. Terisi, tidak Up to date |  |
|  |  |  |  | 1. Kosong |  |
|  |  |  |  |  |  |
| 2 | Panel SukuBunga |  |  | 1. Terisi & Up to date |  |
|  |  |  |  | 1. Kosong |  |
|  |  |  |  |  |  |
| 3 | TempatSampah |  |  | 1. Rapi & bersih |  |
|  |  |  |  | 1. Kotor/rusak |  |
|  |  |  |  |  |  |
| 4 | RakBrosur |  |  | 1. Rapi & bersih |  |
|  |  |  |  | 2. Kotor/rusak |  |
|  |  |  |  |  |  |
| 5 | Brosur |  |  | 1. Rapi |  |
|  |  |  |  | 1. Berantakan |  |
|  |  |  |  |  |  |
| 6 | Writing Desk |  |  | 1. Rapi & bersih |  |
|  |  |  |  | 1. Kotor/rusak |  |
|  |  |  |  |  |  |
| 7 | Slip Transaksi |  |  | 1. Rapi & bersih |  |
|  |  |  |  | 1. Slip tercampur-campur |  |
|  |  |  |  | 1. Slip berantakan |  |
|  |  |  |  |  |  |
| 8 | Alat Tulis/ Pena |  |  | 1. Berfungsi |  |
|  |  |  |  | 1. Tidak berfungsi |  |

Rekomendasi :

1.

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3.

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| **Unit Umum dan Akuntansi** |
| (………………..…..) |

\*Untuk kondisi yang tidak Standar, agar dilampirkan foto kondisi

CHECKING KENYAMANAN BANKING HALL

|  |  |  |
| --- | --- | --- |
| Nama Cabang/Capem | : |  |
| Alamat Cabang/Capem | : |  |
| Pelaksaanan | : | Hari : |
|  |  | Tanggal : |
|  |  | Waktu Observasi : |
| Nama Petugas | : | 1. |
|  |  | 2. |

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| --- | --- | --- | --- | --- | --- |
| No | ObjekPengamatan | Keberadaaan | | KondisiKenyamanan  (Jika Ada) | Isi dengantanda “√” |
|  |  | Ada | Tidak |  |  |
| 1. | Tanaman plastik/hidup |  |  | 1. Segar & terawat |  |
|  |  |  |  | 1. *Layu* |  |
|  |  |  |  | 1. Berdebu |  |
|  |  |  |  | 1. Kering |  |
|  |  |  |  |  |  |
| 2. | Kursi Tunggu Nasabah |  |  | 1. Bersih & terawat |  |
|  |  |  |  | 1. Kotor/sobek |  |
|  |  |  |  |  |  |
| 3. | Penyejuk AC |  |  | 1. Berfungsi |  |
|  |  |  |  | 1. Tidak berfungsi |  |
|  |  |  |  |  |  |
| 4. | Lantai Banking Hall |  |  | 1. Bersih |  |
|  |  |  |  | 1. Kotor |  |
|  |  |  |  | 1. Gompel |  |
|  |  |  |  |  |  |
| 5 | Dinding Banking Hall |  |  | 1. Bersih |  |
|  |  |  |  | 1. Kotor |  |
|  |  |  |  | 1. Gompel/Lapuk |  |
|  |  |  |  |  |  |
| 6. | Lampu |  |  | 1. Hidup |  |
|  |  |  |  | 1. Set lampu yang seharusnya menyala tetapi mati |  |

Rekomendasi :

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| **Unit Umum dan Akuntansi** |
| (………………..…..) |

\*Untuk kondisi yang tidak Standar, agar dilampirkan foto kondisi

CHECKING TOILET

|  |  |  |
| --- | --- | --- |
| Nama Cabang/Capem | : |  |
| Alamat Cabang/Capem | : |  |
| Pelaksaanan | : | Hari : |
|  |  | Tanggal : |
|  |  | Waktu Observasi : |
| Nama Petugas | : | 1. |
|  |  | 2. |

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| --- | --- | --- | --- | --- | --- |
| No | ObjekPengamatan | Keberadaaan | | Kondisi Toilet (Jika Ada) | Isi dengan tanda “√” |
|  |  | Ada | Tidak |  |  |
| 1. | Jenis Toilet |  |  | 1. Toilet Basah |  |
|  |  |  |  | 1. Toilet Kering |  |
|  |  |  |  |  |  |
| 2. | Posisi Toilet |  |  | 1. Digabung |  |
|  |  |  |  | 1. Terpisah |  |
|  |  |  |  |  |  |
| 3. | Toilet yang diobservasi |  |  | 1. Toilet Wanita |  |
|  |  |  |  | 1. Toilet Pria |  |
|  |  |  |  |  |  |
| 4. | Lantai Toilet |  |  | 1. Bersih |  |
|  |  |  |  | 1. Basah/tergenang air |  |
|  |  |  |  | 1. Ada sampah/tissue |  |
|  |  |  |  | 1. Gompel |  |
|  |  |  |  |  |  |
| 5. | Dinding Toilet |  |  | 1. Bersih |  |
|  |  |  |  | 1. Kotor/tercoret |  |
|  |  |  |  |  |  |
| 6. | Peralatansbb : |  |  |  |  |
|  | * Sabun |  |  |  |  |
|  | * Tissue |  |  |  |  |
|  |  |  |  |  |  |
|  | * Wastafel |  |  | 1. Bersih |  |
|  |  |  |  | 2. Kotor dan rusak |  |
|  |  |  |  |  |  |
|  | * Kaca Wastafel |  |  | 1. Bersih |  |
|  |  |  |  | 2. Kotor dan rusak |  |
|  |  |  |  |  |  |
|  | * BAK/ember/ gayung |  |  | 1.Bersih |  |
|  |  |  |  | 2. Kotor dan rusak |  |
|  |  |  |  |  |  |
|  | * Keran air/shower |  |  | 1. Berfungsi |  |
|  |  |  |  | 2. Tidak bergungsi |  |
|  |  |  |  |  |  |
|  | * Flush Toilet |  |  | 1. Berfungsi |  |
|  |  |  |  | 2. Tidak berfungsi |  |
|  |  |  |  |  |  |
|  | * Tempat Sampah |  |  | 1. Bersih |  |
|  |  |  |  | 2. Kotor dan rusak |  |

Rekomendasi :

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| **Unit Umum dan Akuntansi** |
| (………………..…..) |

\*Untuk kondisi yang tidak Standar, agar dilampirkan foto kondisi

CHECKING ATM

|  |  |  |
| --- | --- | --- |
| Nama Cabang/Capem | : |  |
| Alamat Cabang/Capem | : |  |
| Pelaksaanan | : | Hari : |
|  |  | Tanggal : |
|  |  | Waktu Observasi : |
| Nama Petugas | : | 1. |
|  |  | 2. |

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| --- | --- | --- | --- | --- | --- |
| No | ObjekPengamatan | Keberadaaan | | Kondisi ATM (Jika Ada) | Isi dengan tanda “√” |
|  |  | Ada | Tidak |  |  |
| 1. | Denominasi |  |  | 1. Jelas |  |
|  |  |  |  | 2. Sobek |  |
|  |  |  |  | 3. Kabur |  |
|  |  |  |  |  |  |
| 2. | Kondisiruang ATM |  |  | 1. Bersih |  |
|  |  |  |  | 2. Ada Potongan kertas/kotor (debu) |  |
|  |  |  |  |  |  |
| 3. | TempatSampah |  |  | 1. Bersih |  |
|  |  |  |  | 1. Kotor |  |
|  |  |  |  |  |  |
| 4. | Lampu |  |  | 1. Hidup |  |
|  |  |  |  | 1. Mati |  |
|  |  |  |  |  |  |
| 5. | Penyejuk AC |  |  | 1. Berfugsi |  |
|  |  |  |  | 1. Tidak Berfungsi |  |
|  |  |  |  |  |  |
| 6. | Slip/bukti transaksi |  |  |  |  |

Rekomendasi :

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| **Unit Umum dan Akuntansi** |
| (………………..…..) |

\*Untuk kondisi yang tidak Standar, agar dilampirkan foto kondisi

KERTAS KERJA BERTELEPON

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *KANTOR CABANG/CAPEM/KAS* |  | | | | |
| *ALAMAT CABANG/CAPEM/KAS* |  | | | | |
| *HARI/TGL/PUKUL OBSERVASI* | HARI TGL\_\_/\_\_\_/\_\_\_/ JAM \_\_\_ WIB | | | | |
| *NO. TELEPON YANG DI CALL* |  | | | | |
| *NAMA PENERIMA TELEPON* |  | | | | |
| *UNIT KERJA* |  | | | | |
|  |  |  |  |  |  |
| *STANDAR BERTELEPON CABANG* | *MC1* | *MC2* | *MC3* | *JUMLAH* | *AVERAGE* |
|  |  |  |  |  |  |
| 1. *WAKTU NADA TELEPON BERDERING* |  |  |  |  |  |
| - SAMPAI DENGAN 3 KALI DERING | 10 | 10 | 10 | 30 | 10 |
| - LEBIH DARI 4 KALI DERING | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| 2. *UCAPAN PERTAMA MENGANGKAT TELEPON, APAKAH MENGUCAPKAN BERIKUT INI?* |  |  |  |  |  |
| - NAMA CABANG/LAYANAN (BANK SUMSEL BABEL JAKARTA | 5 | 5 | 5 | 15 | 5 |
| -SELAMAT PAGI/SIANG/SORE | 5 | 5 | 5 | 15 | 5 |
| -DENGAN ANITA (NAMA PETUGAS) | 5 | 5 | 5 | 15 | 5 |
| - ADA YANG BISA DIBATU | 10 | 10 | 10 | 30 | 10 |
|  |  |  |  |  |  |
| 3. *BERAPA KALI TRANSFER SAMPAI KE PETUGAS YANG DITUJU?* |  |  |  |  |  |
| - SEKALI | 5 | 5 | 5 | 15 | 5 |
| - DUA KALI | 0 | 0 | 0 | 0 | 0 |
| - LEBIH DARI 3 KALI | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| 4. *BERAPA KALI TRANSFER SAMPAI KEPETUGAS YANG DITUJU?* |  |  |  |  |  |
| - KURANG DARI 1 MENIT | 5 | 5 | 5 | 15 | 5 |
| - HANYA 1 MENIT | 5 | 5 | 5 | 5 | 5 |
| - LEBIH DARI 1 MENIT | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| 5. *MENANYAKAN NAMA PENELPON ?* |  |  |  |  |  |
| - MOHON MAAF, SAYA BERBICARA DENGAN BPK/IBU SIAPA? | 5 | 5 | 5 | 15 | 5 |
| - TIDAK MENANYAKAN NAMA PENELPON | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| 6. *MENANGGAPI PENELPON DENGAN MENYEBUTKAN NAMANYA* |  |  |  |  |  |
| - MOHON MAAF, SAYA BERBICARA DENGAN BPK/IBU SIAPA? | 5 | 5 | 5 | 15 | 5 |
| - TIDAK MENANYAKAN NAMA PENELPON | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| 7. *APAKAH SAAT MENGAKHIRI PEMBICARAAN, MENYEBUTKAN BERIKUT INI?* |  |  |  |  |  |
| - TERIMA KASIH BAPAK/IBU ATAS TELEPONNYA | 20 | 20 | 20 | 60 | 20 |
| - SELAMAT PAGI/SIANG/SORE | 5 | 5 | 5 | 15 | 5 |

|  |  |
| --- | --- |
| APPROVED BY | MYSTERY CALL |
| (……………………….) | (……………………….) |