





Customer Service Audit

Information

 Filoncino bakery

 620 - New Jersey

 Wednesday, November 27th 2024, 9:39 AM (PST -08:00)

General Information

Name:  Armando Lopez

Job title:

☒ Route Supervisor

Account Information

Customer Name:  Filoncino bakery


Customer #  No Response

Street Address  4569 Amboy road

City  Staten island

State  Ny

Zip Code  # 10312

Contact Name  Daniela

Contact Title  Manager

Date  November 27, 2024

Time  12:15 PM

Customer Perception

How does our customer rate our service as compared to other vendors? (Excellent-Good-Fair-Poor)

☒ GOOD

From the customer's perspective what can we do to improve our level of service?

 No Response

Account Survey

☒ ☐ ☐ NA Dish machine test strips (CL) are provided at machine?



List PPM: # 100

- ☒ ☐ ☒ Safety Data Sheet station/binder provided?
- ☒ ☐ ☒ SDS are present for all products purchased by customer
- ☒ ☐ ☒ Is customer using only approved hand products?



List unapproved products, if any = No Response

- ☒ ☐ ☒ Proper wall placards are in place
- ☒ ☐ ☒ Placards are clean, level and a good representation of the Auto-Chlor System brand
- ☒ ☐ ☒ Emergency repair/contact number is posted and visible to staff



Equipment

Condition of Machine

✔ 4 - Good

Exterior

✔ 4 - Good

Interior

✔ 4 - Good

Scale

✔ 4 - Good

Soil

✔ 4 - Good

Leg Set

✔ 4 - Good

Pump Case

✔ 4 - Good



*Squeeze tubes haven't been changed.
Det. At 1 cc
Rinse AT 1/2 cc
Super 8 at 5cc*

*Adjusted cc's to proper levels
Staff had concerns about results.*

Fill & Drain Line

✔ 4 - Good

Add machine comments and pictures here:

☰ Ac Ac

<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Water Level
Detergent Used (MD3x, MachNP, Turbo, etc.):	= Md3x
Detergent Dispensed per Cycle	# 1
Sanitizer Dispensed per Cycle	# 5
Rinse Agent Dispensed per Cycle	# .5
Water Temperature	# 130
Water Hardness	# 0
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	Does the account have a water softener?
Results	
General effectiveness of dishwasher	
<input checked="" type="radio"/>	POOR
Glassware	
<input checked="" type="radio"/>	POOR
Flatware	
<input checked="" type="radio"/>	GOOD
Dinnerware	
<input checked="" type="radio"/>	FAIR
General Information	
Average number of cycles run per Period	# 1300
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Is the rack count reasonable for the volume of the account?
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Are the amounts of chemical consumed reasonable and within budget?
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Are the amounts billed each Period reasonable for the location?
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	Are the mixing and usage of chemical products appropriate?
Accounts Receivable	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Is the account within terms?
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Unresolved and open A/R issues are reviewed and discussed
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Are invoices accurate and do they reflect the correct pricing?
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Is account enrolled in our email invoice program?
Service Rating	
Cleanliness	
<input checked="" type="radio"/>	4 - Good

Consistency			
<input checked="" type="radio"/> 4 - Good			
Procedures			
<input checked="" type="radio"/> 4 - Good			
Overall			
<input checked="" type="radio"/> 4 - Good			
Chemical Inventory			
<input checked="" type="radio"/> 4 - Good			
Yes	<input checked="" type="radio"/> No	NA	Does the customer have a current service calendar?
<input checked="" type="radio"/> Yes	No	NA	Is the account routinely serviced on schedule?
Yes	<input checked="" type="radio"/> No	NA	Has the customer ever had an "out of product" service call?
Yes	<input checked="" type="radio"/> No	NA	Has the customer ever had to call for emergency after hours service?
If yes, what for?			
<input type="text"/> No Response			
<input checked="" type="radio"/> Yes	No	NA	Does the customer feel that the frequency of after-hours emergency service calls are reasonable?
If not, why?			
<input type="text"/> No Response			
<input checked="" type="radio"/> Yes	No	NA	When emergency service is rendered are issues resolved promptly?
If not, explain:			
<input type="text"/> No Response			
Sales & Service Representative			
Yes	<input checked="" type="radio"/> No	NA	Does the customer know their SSR's name?
<input type="text"/> Doesn't know Cliff's name but described him to me.			
If so, who is it?			
<input type="text"/> Clifford			
SSR's appearance			
<input checked="" type="radio"/> 4 - Good			
SSR's attitude			
<input checked="" type="radio"/> 4 - Good			
SSR's attention to detail			
<input checked="" type="radio"/> 4 - Good			

Overall satisfaction with SSR

☒ 4 - Good

Yes No ☒ NA Does SSR take time to point out potential problem areas and how we can assist?

☒ Yes No NA Is customer aware when SSR is on-site to perform service?

☒ Yes No NA Does the SSR check on inventory levels, proper chemical dispensing levels and offer labeled spray bottles?

Additional customer comments:

☰ Daniel was concerned about a door spring left on top of dishwasher that was never repaired.
We repaired door spring.



Referrals

Yes No ☒ NA Is the customer looking to expand business?

If so, where and when?

☰ No Response

☒ Yes No NA If satisfied, is the customer open to signing a letter of recommendation?

Does the customer know anyone else who could benefit from our High Quality Service? (List, if so)

☰ Nobe

Signatures

Armando Lopez, Route Supervisor - 620

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📍 40.5234668, -74.2346944

