



Customer Service Audit

Information



Mew Izakaya



620 - New Jersey



Thursday, October 31st 2024, 10:52 AM (PDT -07:00)

General Information

Name:



Mina Ibrahim

Job title:



Route Supervisor

Account Information

Customer Name:



Mew Izakaya

Customer #



6463689384

Street Address



53 west 35th St

City



NYC

State



NY

Zip Code



10016

Contact Name



Sarah

Contact Title



Manager

Date



October 31, 2024

Time



1:30 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?



Customer very satisfied with A.C.

Account Survey



Dish machine test strips (CL) are provided at machine?

List PPM:

#	0
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Safety Data Sheet station/binder provided?
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> NA	SDS are present for all products purchased by customer
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Is customer using only approved hand products?
List unapproved products, if any = No Response	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Proper wall placards are in place
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Placards are clean, level and a good representation of the Auto-Chlor System brand
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Emergency repair/contact number is posted and visible to staff
Equipment	
Condition of Machine	
<input checked="" type="checkbox"/>	4 - Good
Exterior	
<input checked="" type="checkbox"/>	4 - Good
Interior	
<input checked="" type="checkbox"/>	5 - Excellent
Scale	
<input checked="" type="checkbox"/>	4 - Good
Soil	
<input checked="" type="checkbox"/>	5 - Excellent
Leg Set	
<input checked="" type="checkbox"/>	5 - Excellent
Pump Case	
<input checked="" type="checkbox"/>	5 - Excellent
Fill & Drain Line	
<input checked="" type="checkbox"/>	5 - Excellent
Add machine comments and pictures here:	
<div> <div></div> Kitchen machine recently repaired and in great working order, customer very satisfied. </div> <div> Bar CMA180UC, customer stated that it's been having issues since it's been installed a year ago. Fixed problems 3 times this week alone, as per our office. We will plan a swap out for same exact d.w. </div>	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NA	Water Level
Detergent Used (MD3x, MachNP, Turbo, etc.): = 3x	
Detergent Dispensed per Cycle # 2	
Sanitizer Dispensed per Cycle # 0	

Rinse Agent Dispensed per Cycle	# 1
Water Temperature	# 150.180
Water Hardness	# 0
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA Does the account have a water softener?	
Results	
General effectiveness of dishwasher	
<input checked="" type="radio"/> EXCELLENT	
Glassware	
<input checked="" type="radio"/> GOOD	
Flatware	
<input checked="" type="radio"/> GOOD	
Dinnerware	
<input checked="" type="radio"/> EXCELLENT	
General Information	
Average number of cycles run per Period	# 5000
<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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Are the mixing and usage of chemical products appropriate?	
Accounts Receivable	
<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> NA Is the account within terms?	
<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> NA 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"/> 5 - Excellent	
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	No	<input checked="" type="radio"/> NA	Has the customer ever had an "out of product" service call?
<input checked="" type="radio"/> Yes	No	NA	Has the customer ever had to call for emergency after hours service?
If yes, what for?			
<input checked="" type="checkbox"/> Electrical issues			
Yes	<input checked="" type="radio"/> No	NA	Does the customer feel that the frequency of after-hours emergency service calls are reasonable?
If not, why?			
<input checked="" type="checkbox"/> Customer feels that har d.w. is never fixed properly and was installed with numerous issues from the beginning.			
Yes	<input checked="" type="radio"/> No	NA	When emergency service is rendered are issues resolved promptly?
If not, explain:			
<input checked="" type="checkbox"/> Customer feels that every time the bar machine is fixed an issue reoccurs weeks later.			
Sales & Service Representative			
<input checked="" type="radio"/> Yes	No	NA	Does the customer know their SSR's name?
If so, who is it?			<input checked="" type="checkbox"/> Cliff
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"/> 3 - Fair			
Overall satisfaction with SSR			
<input checked="" type="radio"/> 4 - Good			
<input checked="" type="radio"/> Yes	No	NA	Does SSR take time to point out potential problem areas and how we can assist?
<input checked="" type="radio"/> Yes	No	NA	Is customer aware when SSR is on-site to perform service?
<input checked="" type="radio"/> Yes	No	NA	Does the SSR check on inventory levels, proper chemical dispensing levels and offer labeled spray bottles?

Additional customer comments:

 No Response

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)

 Not at the same

Signatures

Mina Ibrahim, *Route Supervisor - 620*

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 40.7497694, -73.9856042

