



Customer Service Audit

Information



Laila restaurant



620 - New Jersey



Wednesday, November 27th 2024, 10:11 AM (PST -08:00)

General Information

Name:



Armando Lopez

Job title:



Route Supervisor

Account Information

Customer Name:



Laila restaurant

Customer #



000000000

Street Address



45 page ave.

City



Staten island

State



Ny

Zip Code



10312

Contact Name



Alan(owner)

Contact Title



Owner

Date



November 27, 2024

Time



12:45 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



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



List PPM: # 50

- ☒ ☒ ☒ 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



Dishwasher needs to be cleaned insode



Scale

✔ 4 - Good

Soil

✔ 4 - Good

Leg Set

✔ 4 - Good

Pump Case

✔ 4 - Good



Fill & Drain Line

☒ 4 - Good

Add machine comments and pictures here:

☐ D2

☒ ☐ ☐ NA Water Level

Detergent Used (MD3x, MachNP, Turbo, etc.): = 3x

Detergent Dispensed per Cycle # 3

Sanitizer Dispensed per Cycle # 3.5

Rinse Agent Dispensed per Cycle # 1.5

Water Temperature # 100

Water Hardness # 0

Yes ☒ NA Does the account have a water softener?

Results

General effectiveness of dishwasher

☒ FAIR

Glassware

☒ FAIR

Flatware

☒ FAIR





Dinnerware

☒ FAIR

General Information

Average number of cycles run per Period # 1000

☒ No NA Is the rack count reasonable for the volume of the account?

<input checked="" type="radio"/> Yes	No	NA	Are the amounts of chemical consumed reasonable and within budget?
<input checked="" type="radio"/> Yes	No	NA	Are the amounts billed each Period reasonable for the location?
Yes	<input checked="" type="radio"/> No	NA	Are the mixing and usage of chemical products appropriate?
 Ccs aren't what they supposed to be.			
Accounts Receivable			
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> NA	Is the account within terms?
 Has 7 pass due			
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> NA	Unresolved and open A/R issues are reviewed and discussed
 Owner gave check for full amount due.			
<input checked="" type="radio"/> Yes	No	NA	Are invoices accurate and do they reflect the correct pricing?
<input checked="" type="radio"/> Yes	No	NA	Is account enrolled in our email invoice program?
Service Rating			
Cleanliness			
<input checked="" type="radio"/> 4 - Good			
Consistency			
<input checked="" type="radio"/> 3 - Fair			
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?			
 No Response			

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 <input type="radio"/> No <input type="radio"/> NA	When emergency service is rendered are issues resolved promptly?
If not, explain:	
<input type="text"/> No Response	
Sales & Service Representative	
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	Does the customer know their SSR's name?
<input type="text"/> Owner never sees tec but front desk Staff does, but doesn't know his name.	
If so, who is it?	
<input type="text"/> No Response	
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	
<input checked="" type="radio"/> 4 - Good	
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	Does SSR take time to point out potential problem areas and how we can assist?
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Is customer aware when SSR is on-site to perform service?
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Does the SSR check on inventory levels, proper chemical dispensing levels and offer labeled spray bottles?
Additional customer comments:	
<input type="text"/> None	
Referrals	
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	Is the customer looking to expand business?
If so, where and when?	
<input type="text"/> No Response	
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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)	

Signatures

Armando Lopez, *Route Supervisor - 620*



📅 November 27th 2024, 10:11 AM (PST -08:00)

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