

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